

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address 209 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2013

Transaction ID : SB23.5376

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SB23.5458

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILL OWENS FOR CONGRESS

Mailing Address PO BOX 1575

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2013

Transaction ID : SB23.5466

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

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