

# 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)  
Advance America Cash Advance Centers Inc Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>KENDRICK MEEK FOR FLORIDA</b>	<b>Transaction ID: SB23.5403</b>
	Mailing Address 111 NW 183RD STREET SUITE 325	Date of Disbursement MM / DD / YYYY 03 / 31 / 2009
	City MIAMI State FL Zip Code 33169	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name <b>KENDRICK B MEEK</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>KLEIN FOR CONGRESS</b>	<b>Transaction ID: SB23.5451</b>
	Mailing Address 21301 POWERLINE ROAD SUITE 204	Date of Disbursement MM / DD / YYYY 01 / 01 / 2009
	City BOCA RATON State FL Zip Code 33433	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Uncashed check	011 Category/Type
	Candidate Name <b>RON KLEIN</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MALONEY FOR CONGRESS</b>	<b>Transaction ID: SB23.5385</b>
	Mailing Address 49 EAST 92ND STREET	Date of Disbursement MM / DD / YYYY 01 / 27 / 2009
	City NEW YORK State NY Zip Code 10128	Amount of Each Disbursement this Period 4700.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name <b>CAROLYN B MALONEY</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	