

**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)

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<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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) KEITH FIMIAN FOR CONGRESS	Transaction ID: SB23.4934 Date of Disbursement 10 / 28 / 2010
	Mailing Address PO Box 3131	Amount of Each Disbursement this Period 2000.00
	City Oakton State VA Zip Code 22124	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOHN FRIENDS OF JOHN LOUGHLIN	Transaction ID: SB23.4946 Date of Disbursement 10 / 28 / 2010
	Mailing Address PO BOX 244	Amount of Each Disbursement this Period 1000.00
	City ADAMSVILLE State RI Zip Code 02801	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) NAN FRIENDS OF NAN HAYWORTH	Transaction ID: SB23.4954 Date of Disbursement 10 / 28 / 2010
	Mailing Address 51 Gleneida Avenue	Amount of Each Disbursement this Period 1000.00
	City Carmel State NY Zip Code 10512	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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