

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Sias for Congress

A.	Full Name (Last, First, Middle Initial) Eric Beringause Mailing Address 3109 W 50th Street # 208 City Minneapolis State MN Zip Code 55410-2102 Purpose of Disbursement Contribution Refund: Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-742 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 2400.00
B.	Full Name (Last, First, Middle Initial) Barbara H Crow Mailing Address 3637 Stratford Avenue City Dallas State TX Zip Code 75205-2810 Purpose of Disbursement Contribution Refund: Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-741 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 2400.00
C.	Full Name (Last, First, Middle Initial) Nathan Crow Mailing Address 2726 Connecticut Avenue NW Apt. 501 City Washington State DC Zip Code 20008-5322 Purpose of Disbursement Contribution Refund: Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-743 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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