

**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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.	Full Name (Last, First, Middle Initial) ESOP ASSOCIATION PAC	Transaction ID: SB23.5594 Date of Disbursement
	Mailing Address 1726 M STREET, NW SUITE 501	<input type="text" value="02"/> <input type="text" value="03"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name ESOP ASSOCIATION PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.5587 Date of Disbursement
	Mailing Address PO BOX 3197	<input type="text" value="02"/> <input type="text" value="23"/> / <input type="text" value="2009"/>
	City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name BLANCHE LINCOLN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.5588 Date of Disbursement
	Mailing Address 509 MADISON AVE SUITE 1902	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="2009"/>
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name FRIENDS OF SCHUMER	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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