

**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 Financial Services Association PAC**

Full Name (Last, First, Middle Initial)

**A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)**

Mailing Address 25 EAST MAIN STREET, SUITE 200

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
Contribution

011

Candidate Name

**EVERY REPUBLICAN IS CRUCIAL (ERICPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2010

**Transaction ID : SB23.13577**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution

011

Candidate Name

**MAJORITY COMMITTEE PAC--MC PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 28 / 2010

**Transaction ID : SB23.13575**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MONTANANS FOR TESTER**

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011

Candidate Name

**MONTANANS FOR TESTER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2010

**Transaction ID : SB23.13579**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

6000.00