

**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)		PAGE 7 OF 8	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 33	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 33a	<input type="checkbox"/> 29b	<input type="checkbox"/> 26c	<input type="checkbox"/> 29	<input type="checkbox"/> 30c

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NAME OF COMMITTEE (in Full)
American Arts Alliance Political Action Committee

A. Friends of Byron Dorgan

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 871**

City: **Bismarck** State: **ND** Zip Code: **58502**

Purpose of Disbursement

Candidate Name: **Friends of Byron Dorgan**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **ND** District: **DD**

Date of Disbursement: **09 21 2004**

Amount of Each Disbursement this Period: **1,000.00**

Category Type: **Q11**

B. Judd Gregg Committee

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 1512**

City: **Concord** State: **NH** Zip Code: **03302**

Purpose of Disbursement

Candidate Name: **Judd Gregg Committee**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **NH** District: **DD**

Date of Disbursement: **09 28 2004**

Amount of Each Disbursement this Period: **1,000.00**

Category Type: **Q11**

C. Friends of John Peterson

Full Name (Last, First, Middle Initial)

Mailing Address: **114 W. State Street PO Box 295**

City: **Pleasantville** State: **PA** Zip Code: **16341**

Purpose of Disbursement

Candidate Name: **Friends of John Peterson**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **PA** District: **05**

Date of Disbursement: **09 29 2004**

Amount of Each Disbursement this Period: **2,000.00**

Category Type: **Q11**

SUBTOTAL of Disbursements This Page (optional) **3,000.00**

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