	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 56 / 60 (check only one)			
		Detailed Summary Page	e	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30	
	ly Information copied from such Reports and Stater for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) American Association of Neurological Surgeons Political Action Committee (Neurology PA						iros-	
	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS				Date of Disburs		
	Mailing Address P.O. Box 8				0.5	15 7 2008	
	City State Zip Code Winnetka IL 60093				Amount of Eacl	n Disbursement this Period	
	Purpose of Disbursement Contribution		T	011		2500.00	
	Candidate Name Cat			ategory/ Type			
	Office Sought: X House Senate President State: IL District: 10	ement For: 2008 Primary X General Other (specify)	ıl				
	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS			Date of Disburs			
	Mailing Address PO Box 521048 Suite A				05 / 0	09 2008	
	City Salt Lake City	State Zip Code UT 84152			Amount of Eacl	n Disbursement this Period	
	Purpose of Disbursement Contribution		Tr	011	T L	2000.00	
	Candidate Name JAMES MATHESON			ategory/ Type			
		ement For: 2008 Primary General Other (specify)	ıl				
	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08				Transaction ID Date of Disburs	: SB23.6142 ement	
	Mailing Address PO BOX 1496				0 5 M / D	29 7 2008	
	City LOUISVILLE	State Zip Code KY 40201			Amount of Eacl	n Disbursement this Period	
	Purpose of Disbursement Contribution 011				2500.00		
	Candidate Name MITCH MCCONNELL Category/ Type						
	Office Sought: House Disburse X Senate President State: KY District: 00	ement For: 2008 Primary X Genera Other (specify)	ıl				
s	UBTOTAL of Disbursements This Page (optional)			▶		7000.00	