

**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 Conservative Union PAC

A. Full Name (Last, First, Middle Initial) MARILYN MUSGRAVE <hr/> Mailing Address 257 Johnstown Center Dr. #211 <hr/> City Johnstown State CO Zip Code 80534 <hr/> Purpose of Disbursement <hr/> Candidate Name MUSGRAVE FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5046 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 15.00
	Category/ Type 003
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04

B. Full Name (Last, First, Middle Initial) MARILYN MUSGRAVE <hr/> Mailing Address 257 Johnstown Center Dr. #211 <hr/> City Johnstown State CO Zip Code 80534 <hr/> Purpose of Disbursement <hr/> Candidate Name MUSGRAVE FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5017 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04

C. Full Name (Last, First, Middle Initial) CHRISTINE T O'DONNELL <hr/> Mailing Address PO BOX 3987 <hr/> City WILMINGTON State DE Zip Code 19807 <hr/> Purpose of Disbursement <hr/> Candidate Name FRIENDS OF CHRISTINE O'DONNELL 08 <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5021 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00

SUBTOTAL of Disbursements This Page (optional) ▶	1515.00
TOTAL This Period (last page this line number only) ▶	(Empty box)