

**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)

ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)

Full Name (Last, First, Middle Initial)

A. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
contribution

Candidate Name

L. TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : SB23.8992

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City State Zip Code
BETHANY OK 73008

Purpose of Disbursement
contribution

Candidate Name

JAMES PAUL LANKFORD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : SB23.8980

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BILL POSEY

Mailing Address P. O. BOX 360877

City State Zip Code
MELBOURNE FL 32936

Purpose of Disbursement
contribution

Candidate Name

BILL POSEY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : SB23.9006

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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