

**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)  
**ACPAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANDREWS FOR SENATE**

Mailing Address 215 FOURTH AVENUE  
SUITE 200

City HADDON HEIGHTS State NJ Zip Code 08035

Purpose of Disbursement  
Campaign Contribution

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2010

Transaction ID : SB23.4254

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN PARTY OF MINNESOTA**

Mailing Address 525 PARK STREET  
SUITE 250

City ST PAUL State MN Zip Code 55103

Purpose of Disbursement  
Party Transfer

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2010

Transaction ID : SB23.4251

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement  
Campaign Contribution

001

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2010

Transaction ID : SB23.4255

Amount of Each Disbursement this Period

2500.00

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

15000.00

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

15000.00