

**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)

**DOCTOR VOICE 4 PATIENT CHOICE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

**LYNN JENKINS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2013

**Transaction ID : SB23.4239**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District: OTHER

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : SB23.4231**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. RE-ELECT TIM GRIFFIN FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 7526

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement

Candidate Name

**JOHN TIMOTHY GRIFFIN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2013

**Transaction ID : SB23.4235**

Amount of Each Disbursement this Period

2000.00

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

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

5500.00