

**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)

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<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)  
Aetna Inc. Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Carper for Senate**

Mailing Address 19 East Commons Blvd. Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement  
Contribution

Candidate Name  
Carper Tom

Office Sought: House Disbursement For: 2006  
 Senate  Primary General  
 President  
 State: DE District: 00 Other (specify) ▼

Category/  
Type

Transaction ID: B231080502283779987  
Date of Disbursement  
02 / 28 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Carper for Senate**

Mailing Address 19 East Commons Blvd. Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement  
Contribution

Candidate Name  
Carper Tom

Office Sought: House Disbursement For: 2006  
 Senate  Primary  General  
 President  
 State: DE District: 00 Other (specify) ▼

Category/  
Type

Transaction ID: 2073430506135843332  
Date of Disbursement  
06 / 13 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Chafee for Senate**

Mailing Address PO Box 7329

City Warwick State RI Zip Code 02887

Purpose of Disbursement  
Contribution

Candidate Name  
Chafee Lincoln

Office Sought: House Disbursement For: 2006  
 Senate  Primary General  
 President  
 State: RI District: 00 Other (specify) ▼

Category/  
Type

Transaction ID: 0897100504113230240  
Date of Disbursement  
04 / 11 / 2005

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) ▶