

**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)  
North Central Academy of Chiropractic C-PAC

A.	Full Name (Last, First, Middle Initial) JOHN BOCCIERI FOR CONGRESS	Transaction ID: SB23.4231
	Mailing Address PO BOX 3016	Date of Disbursement 10 / 06 / 2008
	City ALLIANCE State OH Zip Code 44601	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JOHN A BOCCIERI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 16	

B.	Full Name (Last, First, Middle Initial) SCHURING FOR CONGRESS COMMITTEE	Transaction ID: SB23.4234
	Mailing Address 400 MARKET AVE NORTH SUITE 400	Date of Disbursement 10 / 06 / 2008
	City CANTON State OH Zip Code 44702	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name KIRK SCHURING	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	1000.00