

**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)		PAGE 1 OF 1	
<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)
Centennial Healthcare Corporation Employee Political Action Committee

Full Name (Last, First, Middle Initial)
A. A Lot of People Supporting Tom Daschle

Date of Disbursement
 04 / 05 / 2004

Mailing Address
P.O. Box 1656

City: **Sioux Falls** State: **SD** Zip Code: **57101-1656**

Purpose of Disbursement
Political Contribution 011

Candidate Name
Thomas A. Daschle Category/Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: **SD** District:

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)
B. Friends of Blanche Lincoln

Date of Disbursement
 05 / 10 / 2004

Mailing Address
P.O. Box 3197

City: **Little Rock** State: **AR** Zip Code: **72203**

Purpose of Disbursement
Political Contribution 011

Candidate Name
Blanche L. Lincoln Category/Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: **AR** District:

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)
C.

Date of Disbursement
 / /

Mailing Address

City: State: Zip Code:

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)