

**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 118 / 144

<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				

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NAME OF COMMITTEE (In Full)

Amer. Assn. of Nurse Anesthetists Separate Segregated Fund AKA CRNA-PAC

Full Name (Last, First, Middle Initial) A. Republican National Committee		Date of Disbursement 05 / 03 / 2001	
Mailing Address 310 First Street, SE City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$10000.00 Majority Fund Dinner Spone		24K Category/ Type	
Candidate Name		Transaction ID: 10000008115500122	
Office Sought: House Senate President	Disbursement For: Primary General X Other (specify) ▼	State: DC District:	

Full Name (Last, First, Middle Initial) B. Democratic National Committee		Date of Disbursement 05 / 07 / 2001	
Mailing Address 430 South Capital Street, SE City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 New Jersey Delegation - Bon		24K Category/ Type	
Candidate Name		Transaction ID: 10000008115600123	
Office Sought: House Senate President	Disbursement For: Primary General X Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Gephardt In Congress Committee		Date of Disbursement 05 / 07 / 2001	
Mailing Address 5100 B Hollow Wood Court City St Louis State MO Zip Code 63128		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard A. Gephardt, U.S. H		24K Category/ Type	
Candidate Name Richard A. Gephardt		Transaction ID: 10000008115700124	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: X Primary General Other (specify) ▼	State: MO District: 3	

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	