

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)
US Oncology Inc. Good Government Committee

A.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln Mailing Address P.O Box 3197 City Little Rock State AR Zip Code 72203 Purpose of Disbursement Contribution Candidate Name Sen. Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30302875 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9	
		Amount of Each Disbursement this Period 1000.00	
		Contribution	
B.	Full Name (Last, First, Middle Initial) Massa For Congress Mailing Address 60 East Market Street Suite 244 City Corning State NY Zip Code 14830 Purpose of Disbursement Contribution Candidate Name Rep. Eric Massa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30314167 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 9	
		Amount of Each Disbursement this Period 1500.00	
		Contribution	
C.	Full Name (Last, First, Middle Initial) Sue Myrick For Congress Mailing Address P.O. Box 37091 City Charlotte State NC Zip Code 28237 Purpose of Disbursement Contribution Candidate Name Rep. Sue Myrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30314168 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 9	
		Amount of Each Disbursement this Period 2000.00	
		Contribution	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	