

**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)

**American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Heartland Values PAC**

Mailing Address P O Box 505

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement Annual Contribution

011

Candidate Name

**Heartland Values PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2013

**Transaction ID : 36279865**

Amount of Each Disbursement this Period

2500.00

Annual Contribution

Full Name (Last, First, Middle Initial)

**B. Ruben Hinojosa for Congress**

Mailing Address 1404 South Illinois

City Mercedes State TX Zip Code 78570

Purpose of Disbursement Candidate Contribution

011

Candidate Name

**Ruben Hinojosa**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TX District: 15

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2013

**Transaction ID : 36279868**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Majority Committee PAC**

Mailing Address 213 Ashby St.

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Annual Contribution

011

Candidate Name

**Majority Committee PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2013

**Transaction ID : 36279872**

Amount of Each Disbursement this Period

2500.00

Annual Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶