

**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)  
**WOMEN'S ACTION FOR NEW DIRECTIONS INC (WAND)**

Full Name (Last, First, Middle Initial)

**A. SHENNA BELLOWS**

Mailing Address 33 KERNS HILL ROAD

City MANCHESTER State ME Zip Code 04351

Purpose of Disbursement  
Donation

001

Candidate Name

**SHENNA BELLOWS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District: 00

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : SB23.5449

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms ELISABETH JENSEN**

Mailing Address PO BOX 1053

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement  
Donation

001

Candidate Name

**Ms ELISABETH JENSEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : SB23.5445

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. AMANDA RENTERIA**

Mailing Address PO BOX 655

City SANGER State CA Zip Code 93657

Purpose of Disbursement  
Doanation

001

Candidate Name

**AMANDA RENTERIA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : SB23.5443

Amount of Each Disbursement this Period

500.00

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

1500.00

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