

**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)

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<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)
LEADERSHIP 21

A.

Full Name (Last, First, Middle Initial)
DINA TITUS FOR CONGRESS

Transaction ID: SB23.5915
Date of Disbursement

Mailing Address P. O. Box 50614
Suite C5

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

City Henderson State NV Zip Code 89016

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
DINA TITUS

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
FRANK KRATOVIŁ FOR CONGRESS

Transaction ID: SB23.5908
Date of Disbursement

Mailing Address 222 Main Sail Drive
PO Box 518

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

City Stevensville State MD Zip Code 21666

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
FRANK M JR KRATOVIŁ

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
FRIENDS FOR BARON HILL

Transaction ID: SB23.5938
Date of Disbursement

Mailing Address PO Box 1071

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

City Seymour State IN Zip Code 47274

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
BARON P HILL

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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