

**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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MAZIE HERONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
Voided Check

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : SB23.5322

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. NICK LAMPSON

Mailing Address P.O. BOX 21500

City BEAUMONT State TX Zip Code 77720

Purpose of Disbursement
Voided check

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2013

Transaction ID : SB23.5325

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. DAVID MCKINLEY

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
Voided check

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2013

Transaction ID : SB23.5324

Amount of Each Disbursement this Period

-1000.00

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

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

-3000.00