

**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)								PAGE 5 OF 5
	<input type="checkbox"/> 21a	<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"/> 28	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in Full)
Pacific Coast Producers Political Action Committee

Full Name (Last, First, Middle Initial) A. Moran for Kansas		Date of Disbursement 10 14 2004	
Mailing Address PO Box 1151		Amount of Each Disbursement this Period 100.00	
City Hays	State KS	Zip Code 67601	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Contribution		Category/Type 011	
Candidate Name Jerry Moran		Category/Type 011	
Offices Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ other		
State: KS District: 1			
Full Name (Last, First, Middle Initial) B.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	
Candidate Name		Category/Type	
Offices Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	
Candidate Name		Category/Type	
Offices Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			100.00
TOTAL This Period (last page this line number only)			100.00