

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Aetna Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement Contribution Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F1B396E7DFFD818CEC6 Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B4346B65DC73EC9E2B0 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gillibrand for Senate <hr/> Mailing Address 313 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name Kirsten E. Gillibrand <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4B92EA70E401048AB4B Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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