

**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	OF
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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		

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NAME OF COMMITTEE (In Full)
WAND PAC

A. CARSON for CONGRESS

Full Name (Last, First, Middle Initial): **Carson for Congress**

Date of Disbursement: **08/27/2007**

Mailing Address: **P.O. Box 5811**

City: **FORT SMITH** State: **AR** Zip Code: **72913**

Purpose of Disbursement: **In-kind Cont.** Category/Type: **011**

Candidate Name: **Carson**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **AR** District: **3**

Amount of Each Disbursement this Period: **12748**

B. CLARK for CONGRESS

Full Name (Last, First, Middle Initial): **Clark for Congress**

Date of Disbursement: **08/27/2007**

Mailing Address: **P.O. Box 4009**

City: **PORTSMOUTH NH** State: **NH** Zip Code: **03801**

Purpose of Disbursement: **In-kind Contrib.** Category/Type: **011**

Candidate Name: **MARION FULLER CLARK**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NH** District: **1**

Amount of Each Disbursement this Period: **12748**

C. CHELLIE PINGREE for U.S. SENATE

Full Name (Last, First, Middle Initial): **Chellie Pingree for U.S. Senate**

Date of Disbursement: **08/27/2007**

Mailing Address: **P.O. Box 7878**

City: **PORTLAND** State: **ME** Zip Code: **04112**

Purpose of Disbursement: **IN KIND Contrib.** Category/Type: **011**

Candidate Name: **CHELLIE PINGREE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Amount of Each Disbursement this Period: **12748**

SUBTOTAL of Disbursements This Page (optional) _____

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