

**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 35 / 44

<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)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Stephene Moore  Mailing Address PO Box 19550  City Lenexa State KS Zip Code 66285  Purpose of Disbursement candidate contribution Candidate Name Stephene Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32277611 Date of Disbursement 09 / 14 / 2010  Amount of Each Disbursement this Period 1000.00  candidate contribution	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Dan 10  Mailing Address 315 C Street, SE Lower Level  City Washington State DC Zip Code 20003  Purpose of Disbursement candidate contribution Candidate Name Daniel K. Inouye Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32348161 Date of Disbursement 09 / 29 / 2010  Amount of Each Disbursement this Period 1000.00  candidate contribution	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Rogers For Congress  Mailing Address 520 Seymour Ave, Suite A  City Lansing State MI Zip Code 48933  Purpose of Disbursement candidate contribution Candidate Name Rep. Michael J. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32348162 Date of Disbursement 09 / 29 / 2010  Amount of Each Disbursement this Period 2000.00  candidate contribution	011 Category/ Type

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

4000.00

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