

**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. THE HAWKEYE PAC**

Mailing Address PO BOX 192

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement Contribution

011

Candidate Name

**CHARLES E SENATOR GRASSLEY**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: IA District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SB23.6483

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. THREE RIVERS POLITICAL ACTION COMMITTEE**

Mailing Address 3321 SE 20TH AVE

City PORTLAND State OR Zip Code 97202

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2014

Transaction ID : SB23.6540

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: SC District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SB23.6476

Amount of Each Disbursement this Period

1000.00

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

4500.00

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