

**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 3 OF 10	
<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"/> 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) **ASH GROVE CEMENT POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) **Adam Taff for Congress** Date of Disbursement **09/25/2002**

Mailing Address **P. O. Box 14455**

City **Lenexa, KS** State **KS** Zip Code **66285-4455**

Purpose of Disbursement **Campaign Race** Amount of Each Disbursement this Period **2 000 00**

Candidate Name **Adam Taff** Category/Type **011**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: **KS** District: **3rd**

B. Full Name (Last, First, Middle Initial) **(Todd) Tiaht for Congress** Date of Disbursement **09/25/2002**

Mailing Address **2250 N. Rock Rd. 118-A**

City **Wichita, KS** State **KS** Zip Code **67226**

Purpose of Disbursement **Reelection Campaign** Amount of Each Disbursement this Period **1 000 00**

Candidate Name **Todd Tiaht** Category/Type **011**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: **KS** District: **4th**

C. Full Name (Last, First, Middle Initial) **(Sam) Graves for Congress** Date of Disbursement **09/25/2002**

Mailing Address **P. O. Box 34744**

City **Kansas City, MO** State **MO** Zip Code **64116**

Purpose of Disbursement **Reelection** Amount of Each Disbursement this Period **1 000 00**

Candidate Name **Sam Graves** Category/Type **011**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: **MO** District: **6th**

SUBTOTAL of Disbursements This Page (optional) **4 000 00**

TOTAL This Period (last page this line number only)