

**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)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. LAMAR ALEXANDER

Mailing Address 228 S WASHINGTON STREET SUITE 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

Transaction ID : SB23.7300

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RONALD BARBER

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: AZ District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2013

Transaction ID : SB23.7307

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MT District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : SB23.7265

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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