

**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 SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SESSIONS SENATE COMMITTEE INC

Mailing Address P O BOX 4278

City MONTGOMERY State AL Zip Code 36103

Purpose of Disbursement Political Contribution

Candidate Name

JEFF SESSIONS

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: AL District: 00

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2013

Transaction ID : SB23.10626

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement Political Contribution

Candidate Name

MICHAEL C DR BURGESS

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2013

Transaction ID : SB23.10620

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement Political Contribution

Candidate Name

MARSHA MRS. BLACKBURN

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2013

Transaction ID : SB23.10624

Amount of Each Disbursement this Period

5000.00

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

15000.00

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