

**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)
ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SCHMIDT FOR CONGRESS 2011

Mailing Address 771 WARDS CORNER RD

City LOVELAND State OH Zip Code 45140

Purpose of Disbursement
CK 5298

Candidate Name
SCHMIDT FOR CONGRESS 2011

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2011			

Transaction ID : **SB23.106773**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement
CK 5286

Candidate Name
SOUTHERLAND FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2011			

Transaction ID : **SB23.106757**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 777

City DEER PARK State NY Zip Code 11729

Purpose of Disbursement
CK 5295

Candidate Name
STEVE ISRAEL FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2011			

Transaction ID : **SB23.106768**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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