

**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 Orthotic & Prosthetic Association PAC

Full Name (Last, First, Middle Initial)

A. Scott Brown for US Senate Committee

Mailing Address 337 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement
Contribution

011

Candidate Name
Scott Brown

Category/
Type

Office Sought: House
 Senate
 President
State: MA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2012

Transaction ID : B444319

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Montanans for Rehberg

Mailing Address P.O. Box 1597

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

011

Candidate Name
Dennis Rehberg

Category/
Type

Office Sought: House
 Senate
 President
State: MT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2012

Transaction ID : B444321

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Berg for Senate

Mailing Address PO Box 9394

City Fargo State ND Zip Code 58106

Purpose of Disbursement
Contribution

011

Candidate Name
Rick Berg

Category/
Type

Office Sought: House
 Senate
 President
State: ND District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2012

Transaction ID : B444318

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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