

**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 Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Rand Paul Victory Committee

Mailing Address PO Box 72190

City Newport State KY Zip Code 41072-0190

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rand Paul

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : D149040

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Voided Disbursement for check originally dated 2/28/2013

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2013

Transaction ID : D150619

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

Transaction ID : D150620

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

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