

**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)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Conservatives Restoring Excellence PAC**

Mailing Address P.O. Box 98629

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Ellmers' LPAC

011

Candidate Name

**Conservatives Restoring Excellence PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

**Transaction ID : 6343855**

Amount of Each Disbursement this Period

1500.00
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Ellmers' LPAC

Full Name (Last, First, Middle Initial)

**B. Friends of Kelly Ayotte**

Mailing Address P.O. Box 937

City Manchester State NH Zip Code 03061

Purpose of Disbursement

011

Candidate Name

**Kelly Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

**Transaction ID : 6343856**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. Friends of Michelle**

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Candidate Name

**Rep. Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

**Transaction ID : 6343857**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00
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