

**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"/> 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 Association of Child & Adolescent Psychiatry PAC

A. Scalise Leadership PAC

Full Name (Last, First, Middle Initial)

Mailing Address 317 15th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement 2018 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) 2018 Contribution

State: DC District:

Date of Disbursement: 02 / 08 / 2018

FEC Identification Number: C

Transaction ID : A3117387

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Castor for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement Castor for Congress

Candidate Name Castor, Kathy, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: FL District:

Date of Disbursement: 02 / 08 / 2018

FEC Identification Number: C

Transaction ID : A3117631

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Michael Burgess for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement Michael Burgess for Congress

Candidate Name Burgess, Michael, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: TX District: 26

Date of Disbursement: 02 / 08 / 2018

FEC Identification Number: C

Transaction ID : A3116906

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 3000.00

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