

# 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)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Our Congress PAC <hr/> Mailing Address PO Box 344 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name Our Congress PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31141759 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Lone Star PAC <hr/> Mailing Address 217 3rd Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name Lone Star PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31141808 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee <hr/> Mailing Address PO Box 87 <hr/> City Uwchland State PA Zip Code 19480 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James W. Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 31216428 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**11000.00**

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