

**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 Institute of Certified Public Accountants Political Action Committee

Full Name (Last, First, Middle Initial)

A. Perlmutter For Congress

Mailing Address 3440 Youngfield St #264

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Edwin Perlmutter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

Transaction ID : 38420176

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City State Zip Code
Manchester NH 03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Kelly Ayotte

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
07		29		2015

Transaction ID : 38420177

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Blaine For Congress, Inc.

Mailing Address PO Box 1526

City State Zip Code
Columbia MO 65205

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Blaine Luetkemeyer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

Transaction ID : 38420178

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

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