

**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)
CONTINUING AMERICAS STRENGTH & SECURITY

Full Name (Last, First, Middle Initial)

A. KELLY A AYOTTE

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2016

Transaction ID : SB23.5165

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO BOX 753908

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NV District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2016

Transaction ID : SB23.5166

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GREGG HARPER FOR CONGRESS

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MS District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : SB23.5145

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00