

**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 Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
TN 2014 House General

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	01	/	2014

Transaction ID : SB23.17230

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City MONTGOMERY State AL Zip Code 36101

Purpose of Disbursement
AL 2014 House General

Candidate Name

Office Sought: House
 Senate
 President
State: AL District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2014

Transaction ID : SB23.17233

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MOBROOKSFORCONGRESS.COM

Mailing Address 7610 FOXFIRE DRIVE

City HUNTSVILLE State AL Zip Code 35802

Purpose of Disbursement
AL 2014 House General

Candidate Name

Office Sought: House
 Senate
 President
State: AL District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2014

Transaction ID : SB23.17237

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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