

**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 PEANUT SHELLERS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBERT BROWN ADERHOLT

Mailing Address PO BOX 1158

City State Zip Code
HALEYVILLE AL 35565

Purpose of Disbursement
Campaign Contribution

Candidate Name

ROBERT BROWN ADERHOLT

Office Sought: House
 Senate
 President
State: AL District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SB23.9015

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Brave PAC

Mailing Address 499 South Capitol Street
Suite 422

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution

Candidate Name

Brave PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SB23.9011

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Mr. RICHARD BURR

Mailing Address POST OFFICE BOX 5928

City State Zip Code
WINSTON-SALEM NC 27113

Purpose of Disbursement
Campaign Contribution

Candidate Name

Mr. RICHARD BURR

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

Transaction ID : SB23.9004

Amount of Each Disbursement this Period

1000.00

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

8000.00

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

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