

**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"/> 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--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Graves for Congress**

Mailing Address P.O. Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement

Category/  
Type

Candidate Name

**Graves, Tom, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 14

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 8280367**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC--MC PAC**

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
McCarthy Leadership PAC

Category/  
Type

Candidate Name

**Majority Committee PAC--MC PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 8280369**

Amount of Each Disbursement this Period

McCarthy Leadership PAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Olson for Congress Committee**

Mailing Address P.O. Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement

Category/  
Type

Candidate Name

**Olson, Peter, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 8280373**

Amount of Each Disbursement this Period

Memo Item

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

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