

**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 Physician Assistants Political Action Committee (PA PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Re-election

Candidate Name

Sen. Charles E. Schumer

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : D174795

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Re-election

Candidate Name

Sen. John Barrasso

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2016

Transaction ID : D174789

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Re-election

Candidate Name

Sen. Jon Tester

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2016

Transaction ID : D174788

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00