

**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)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Lone Star PAC

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Burgess Leadership PAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			19			2012			

Transaction ID : B431243F4A4084BF2BC1

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

Rep. Mike Thompson

Office Sought: House Senate President

State: CA District: 01

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			19			2012			

Transaction ID : BEDF417CB21FE491EA4F

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Steve Israel for Congress Committee

Mailing Address P.O. Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement

Candidate Name

Rep. Steve J. Israel

Office Sought: House Senate President

State: NY District: 02

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			19			2012			

Transaction ID : B5B8E6D3548FA441DA70

Amount of Each Disbursement this Period

2500.00

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

9500.00

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

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