

**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)
Dirigo PAC

Full Name (Last, First, Middle Initial)

A. Friends of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kelly A. Ayotte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : **BFA1D4E30438F44F8AB5**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kelly A. Ayotte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : **BA96276217D154A13AFA**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Maine Republican Party

Mailing Address 9 Higgins St

City Augusta State ME Zip Code 04330

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Annual

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : **BA8488C46EF404074AB7**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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