

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

ADDRESS (number and street) 606 NORTH WASHINGTON STREET

Check if different than previously reported. (ACC) ALEXANDRIA VA 22314-1914

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00091561

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. RICHARD C OSTERGREN

Signature of Treasurer Electronically Filed by Mr. RICHARD C OSTERGREN Date 04 14 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM
(NARFE-PA)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		314010.49
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	314010.49									
(c) Total Receipts (from Line 19)	514001.03	514001.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	828011.52	828011.52								
7. Total Disbursements (from Line 31)	164998.19	164998.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	663013.33	663013.33								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM
(NARFE-PA)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6700.00	6700.00
(ii) Unitemized	507293.42	507293.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	513993.42	513993.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	513993.42	513993.42
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.61	7.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	514001.03	514001.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	514001.03	514001.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	98998.19	98998.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	98998.19	98998.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000.00	66000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	164998.19	164998.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	164998.19	164998.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	513993.42	513993.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	513993.42	513993.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	98998.19	98998.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	98998.19	98998.19

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial)
Mrs. GAYNEL K ANDRUSKO

Mailing Address 3178 EASTWOOD CT

City State Zip Code
BOULDER CO 80304-2986

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.9934

Amount of Each Receipt this Period
200.00

CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
Mr. RALPH R ANGELO

Mailing Address 2017 PHEASANT CREEK DR

City State Zip Code
AUGUSTA GA 30907-9222

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.9908

Amount of Each Receipt this Period
200.00

CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
Mr. BERNARD S AUSTIN

Mailing Address 1111 LAKE AVE

City State Zip Code
PUEBLO CO 81004-2843

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.9900

Amount of Each Receipt this Period
250.00

CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional) 650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial)
Mr. LOUIS K BANGMA

Mailing Address 350 WINDERMERE BLVD

City State Zip Code
ALEXANDRIA LA 71303-3554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11AI.9927

Amount of Each Receipt this Period: 200.00

CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
MR BRUCE A BENNETT

Mailing Address 526 SOUTH STREET #E

City State Zip Code
SAN LUIS OBISPO CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11AI.9898

Amount of Each Receipt this Period: 500.00

CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
Mr. PAUL M BOYLAND

Mailing Address 10300 MOXLEY RD

City State Zip Code
DAMASCUS MD 20872-1349

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11AI.9915

Amount of Each Receipt this Period: 200.00

CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial)
Mr. RYAN L DUDLEY

Mailing Address 5902 MT EAGLE DR #1015

City ALEXANDRIA State VA Zip Code 22303-2519

FEC ID number of contributing federal political committee. **C**

Name of Employer DEPARTMENT OF THE INTERIOR Occupation FEDERAL EMPLOYEE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11AI.9921
Amount of Each Receipt this Period: 200.00
CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
Mr. JOHN W ELDRIDGE, Jr.

Mailing Address 9316 KENSINGTON LN

City WINDSOR State CA Zip Code 95492

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11AI.9895
Amount of Each Receipt this Period: 500.00
CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
CHARLES O. FIELDS, Jr.

Mailing Address 3082 VILLA DRIVE

City TOLEDO State OH Zip Code 43614-5264

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 31 / 2010
Transaction ID: SA11AI.9932
Amount of Each Receipt this Period: 200.00
CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional) ► 900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial)
ROBERT J GERES
 Mailing Address **848 WOODLAND AVENUE #29**
 City **OJAI** State **CA** Zip Code **93023**
 Date of Receipt MM / DD / YYYY
03 / 31 / 2010
Transaction ID: SA11AI.9904
 Amount of Each Receipt this Period
200.00
CONTRIBUTIONS
 FEC ID number of contributing federal political committee. C
 Name of Employer **RETIRED** Occupation **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

B. Full Name (Last, First, Middle Initial)
Mr. ROBERT M GUTHRIE
 Mailing Address **244 RIDGELEY RD**
 City **MORGANTOWN** State **WV** Zip Code **26505-3553**
 Date of Receipt MM / DD / YYYY
03 / 31 / 2010
Transaction ID: SA11AI.9919
 Amount of Each Receipt this Period
200.00
CONTRIBUTIONS
 FEC ID number of contributing federal political committee. C
 Name of Employer **RETIRED** Occupation **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

C. Full Name (Last, First, Middle Initial)
Mr. RICHARD D HALL
 Mailing Address **3922 NE 60TH TERR**
 City **GLADSTONE** State **MO** Zip Code **64119-5026**
 Date of Receipt MM / DD / YYYY
03 / 31 / 2010
Transaction ID: SA11AI.9911
 Amount of Each Receipt this Period
200.00
CONTRIBUTIONS
 FEC ID number of contributing federal political committee. C
 Name of Employer **RETIRED** Occupation **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A.	Full Name (Last, First, Middle Initial) Mr. STEVEN JOHNSON	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1602 N AURORA	Transaction ID: SA11AI.9930
	City State Zip Code EAST WENATCHEE WA 98802-4158	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Mr. DENNIS JONES	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 4876 GLEN ISLE DR	Transaction ID: SA11AI.9902
	City State Zip Code LOVELAND CO 80538-6208	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) STEPHEN KLINE	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address P. O. BOX 51 1166	Transaction ID: SA11AI.9899
	City State Zip Code PUNTA GORDA FL 33951-1166	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial)
Mr. JOHN R LEDMAN

Mailing Address 852 CROTON RD

City State Zip Code
ROCKLEDGE FL 32955-4145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.9926

Amount of Each Receipt this Period
200.00

CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
Mr. HAROLD F MALONE

Mailing Address 112 WOOD LN

City State Zip Code
VALLEY STREAM NY 11581-2607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.9905

Amount of Each Receipt this Period
200.00

CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
Ms CAROL MANKA

Mailing Address 638 VALLEYWOOD DR SE

City State Zip Code
SALEM OR 97306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COMMERCE/C FEDERAL EMPLOYEE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.9918

Amount of Each Receipt this Period
200.00

CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial)
 MR. PAUL MANKA
 Mailing Address 638 VALLEYWOOD DR. SE
 City SALEM State OR Zip Code 97306
 Date of Receipt 03 / 31 / 2010
 Transaction ID: SA11AI.9917
 Amount of Each Receipt this Period 200.00
 CONTRIBUTIONS
 FEC ID number of contributing federal political committee. C
 Name of Employer US DEPARTMENT Occupation FEDERAL EMPLOYEE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

B. Full Name (Last, First, Middle Initial)
 Mr. N. J. MARKOV
 Mailing Address POST OFFICE BOX 163332
 City COLUMBUS State OH Zip Code 43216-3332
 Date of Receipt 03 / 31 / 2010
 Transaction ID: SA11AI.9933
 Amount of Each Receipt this Period 200.00
 CONTRIBUTIONS
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

C. Full Name (Last, First, Middle Initial)
 Mr. JAMES A MCQUEEN
 Mailing Address 2116 MYTHEWOOD CIRCLE SW
 City HUNTSVILLE State AL Zip Code 35803-1410
 Date of Receipt 03 / 31 / 2010
 Transaction ID: SA11AI.9903
 Amount of Each Receipt this Period 200.00
 CONTRIBUTIONS
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A.	Full Name (Last, First, Middle Initial) WILLIAM F MOYER		Date of Receipt
	Mailing Address P. O. BOX 276		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	BELFAIR	WA	98528-0276
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11AI.9923
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="text" value="200.00"/>	CONTRIBUTIONS

B.	Full Name (Last, First, Middle Initial) Mr. HAROLD W NOFFKE		Date of Receipt
	Mailing Address 294 CHATHAM DR		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FAIRBORN	OH	45324-4116
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11AI.9896
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	CONTRIBUTIONS

C.	Full Name (Last, First, Middle Initial) Ms CATHY PLESHA		Date of Receipt
	Mailing Address 240 ADAMS POINTE BLVD UNIT 1		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MARS	PA	16046-4687
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11AI.9924
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="text" value="200.00"/>	CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial)
Ms LYNNETTE S RARICK

Mailing Address 217 SUMMERDALE AVE

City Toledo State OH Zip Code 43605-1813

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.9909
 Amount of Each Receipt this Period 200.00
CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
Mr. GEORGE E SLATTERY

Mailing Address 600 BREEZE PARK DR HEARTH APT 23

City WELDON SPRING State MO Zip Code 63304-9142

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.9913
 Amount of Each Receipt this Period 200.00
CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
MONTIE A TESKY

Mailing Address 503 BORING CHAPEL RD

City JOHNSON CITY State TN Zip Code 37615-2952

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.9928
 Amount of Each Receipt this Period 200.00
CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional) ► **600.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 23	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A.	Full Name (Last, First, Middle Initial) Mr. ARTHUR L TRACY, Jr.		Date of Receipt		
	Mailing Address PO BOX 214		M M / D D / Y Y Y Y 03 / 31 / 2010		
	City	State	Zip Code	Transaction ID: SA11AI.9907	
	SHELTON	WA	98584-0214	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	200.00	
	Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		200.00			

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	6700.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB21B.9874 Date of Disbursement																			
	Mailing Address 3 DUPONT CIRCLE NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	1	0												
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD CHARGES	<table border="1"><tr><td>37.44</td></tr></table>	37.44																		
37.44																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB21B.9875 Date of Disbursement																			
	Mailing Address 3 DUPONT CIRCLE NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD CHARGES	<table border="1"><tr><td>39.53</td></tr></table>	39.53																		
39.53																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB21B.9876 Date of Disbursement																			
	Mailing Address 3 DUPONT CIRCLE NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BANK CHARGES	<table border="1"><tr><td>178.66</td></tr></table>	178.66																		
178.66																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>255.63</td></tr></table>	255.63
255.63		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB21B.9945 Date of Disbursement																			
	Mailing Address 3 DUPONT CIRCLE NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	0												
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BANK CHARGES	<table border="1"><tr><td>216.82</td></tr></table>	216.82																		
216.82																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB21B.9937 Date of Disbursement																			
	Mailing Address 3 DUPONT CIRCLE NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD CHARGES	<table border="1"><tr><td>142.51</td></tr></table>	142.51																		
142.51																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED	Transaction ID: SB21B.9940 Date of Disbursement																			
	Mailing Address 649 NORTH HORNER'S LANE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
	City ROCKVILLE State MD Zip Code 20850-1299	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT	<table border="1"><tr><td>61073.25</td></tr></table>	61073.25																		
61073.25																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>61432.58</td></tr></table>	61432.58
61432.58		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 18 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM
(NARFE-PA)

A. Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED Mailing Address 649 NORTH HORNERS LANE City ROCKVILLE State MD Zip Code 20850-1299 Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9939 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2010
	Amount of Each Disbursement this Period 27129.99 Category/Type 003
B. Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE Mailing Address NSC NORTHERN VIRGINIA City MERRIFIELD State VA Zip Code 22116-9998 Purpose of Disbursement Postage meter for PAC solicitation mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9942 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2010
	Amount of Each Disbursement this Period 10000.00 Category/Type 003

SUBTOTAL of Disbursements This Page (optional)	37129.99
TOTAL This Period (last page this line number only)	98818.20

**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)

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: SB23.9894 Date of Disbursement 03 / 18 / 2010	
	Mailing Address 2501 WISCONSIN AVE. NW NUMBER 304		
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name REP DAVE CAMP		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: MI District: 04	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CMPGN. COM	Transaction ID: SB23.9947 Date of Disbursement 01 / 20 / 2010	
	Mailing Address 430 South Capitol Street SE 2nd Floor		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period	15000.00
	Purpose of Disbursement BUSINESS COUNCIL, DCCC	011	Category/Type
	Candidate Name DEMOCRATIC CONGRESSIONAL CMPGN. COM		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
		MBR DUES	
C.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COM.	Transaction ID: SB23.9950 Date of Disbursement 01 / 20 / 2010	
	Mailing Address 120 MARYLAND AVENUE NE		
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period	15000.00
	Purpose of Disbursement LEADERSHIP CIRCLE, DSCC	011	Category/Type
	Candidate Name DEMOCRATIC SENATORIAL CAMPAIGN COM.		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
		MBR DUES	

SUBTOTAL of Disbursements This Page (optional) ▶

31000.00

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

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)

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER <hr/> Mailing Address PO BOX 411176 <hr/> City LOS ANGELES State CA Zip Code 90041 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Sen. BARBARA BOXER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9864 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
B. Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF <hr/> Mailing Address PO BOX 221585 <hr/> City CHANTILLY State VA Zip Code 20153 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. FRANK R WOLF Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9888 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
C. Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA <hr/> Mailing Address P. O. BOX 362 <hr/> City SAN BERNARDINO State CA Zip Code 92402 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JOE BACA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9882 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN SARBANES	Transaction ID: SB23.9893 Date of Disbursement																			
	Mailing Address PO BOX 6854	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
	City TOWSON State MD Zip Code 21285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name JOHN SARBANES	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.9887 Date of Disbursement																			
	Mailing Address 12 TRUMBULL STREET 2ND FLOOR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name ROSA DELAURO	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS	Transaction ID: SB23.9886 Date of Disbursement																			
	Mailing Address PO BOX 563	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
	City MERRIFIELD State VA Zip Code 22116	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name GERRY CONNOLLY	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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)

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 7905 MALCOLM ROAD SUITE 102 City CLINTON State MD Zip Code 20735 Purpose of Disbursement CHECK NEVER CASHED Candidate Name Rep. STENY HOYER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9879 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period -5000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) IKE SKELTON FOR CONGRESS COMMITTEE Mailing Address P.O. Box A City Harrisonville State MO Zip Code 64701 Purpose of Disbursement CONTRIBUTION Candidate Name Mr. IKE SKELTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9883 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS Mailing Address 1230 POTTSTOWN PIKE SUITE 4 City GLENMOORE State PA Zip Code 19343 Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JIM GERLACH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9884 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶

-3000.00

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

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)

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSNL. COM.

Mailing Address 320 FIRST STREET, NE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONGRESSIONAL FORUM, NRCC

Candidate Name
NATIONAL REPUBLICAN CONGRESSNL. COM.

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District: MBR DUES

Transaction ID: SB23.9948

Date of Disbursement

01 / 20 / 2010

Amount of Each Disbursement this Period

15000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
NATIONAL REPUB SENATORIAL COM. (NRSC)

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
REP SENATE COUNCIL POLICY BOARD NRSC

Candidate Name
NATIONAL REPUB SENATORIAL COM. (NRSC)

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District: MBR DUES

Transaction ID: SB23.9949

Date of Disbursement

01 / 20 / 2010

Amount of Each Disbursement this Period

15000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

30000.00

TOTAL This Period (last page this line number only) ►

66000.00