

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼**  **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on  /  /  in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

04 / 01 / 2012 through 06 / 30 / 2012

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 THISSEN

Signature of Treasurer Mr. RICHARD THISSEN [Electronically Filed] Date  /  /

07 / 13 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="430090.89"/>	<input type="text" value="430090.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="354954.93"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="341291.81"/>	<input type="text" value="622151.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="696246.74"/>	<input type="text" value="1052242.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="179614.88"/>	<input type="text" value="535610.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="516631.86"/>	<input type="text" value="516631.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

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).....	14420.00	23720.00
(ii) Unitemized .....	326664.73	597770.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	341084.73	621490.15
(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) .....	341084.73	621490.15
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	32.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	207.08	629.27
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 Transfers (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))..... ▶	341291.81	622151.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	341291.81	622151.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	72414.88	305910.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	72414.88	305910.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	107200.00	229700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	179614.88	535610.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	179614.88	535610.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	341084.73	621490.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	341084.73	621490.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	72414.88	305910.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	32.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	72414.88	305878.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 59
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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-PAC)**

**A. Mr. CARLTON ANDRUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1032 CROTON DRIVE  
 City ALEXANDRIA State VA Zip Code 22308-2007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FEDERAL EMPLOYEE Occupation FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11510**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**B. LAWRENCE J ARENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 ARGONNE DR  
 City MINNEAPOLIS State MN Zip Code 55421-1315  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11464**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. MR BRUCE A BENNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 SOUTH STREET #E  
 City SAN LUIS OBISPO State CA Zip Code 93401  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11462**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 7 OF 59
	<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-PAC)**

Full Name (Last, First, Middle Initial)  
**A. NORMAN I. BORGEN**

Mailing Address 11578 OCULTO ROAD

City	State	Zip Code
SAN DIEGO	CA	92127-1429

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  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11AI.11524**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)  
**B. JAMES S CARROLL**

Mailing Address 9 SAWYER ST

City	State	Zip Code
PROVIDENCE	RI	02907-3727

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  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11AI.11559**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)  
**C. Mr. RICHARD D CARSON**

Mailing Address 13280 BANNER MOUNTAIN TRL

City	State	Zip Code
NEVADA CITY	CA	95959-8910

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  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11AI.11529**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 8 OF 59
	<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-PAC)**

**A. Mrs. LOIS CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17218 N COUNTRY CLUB DR

City SUN CITY	State AZ	Zip Code 85373-2212
------------------	-------------	------------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11551**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

**B. UNI N CORDOBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 BELHAVEN CIR

City SANTA ROSA	State CA	Zip Code 95409-6005
--------------------	-------------	------------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11555**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

**C. Mr. HAROLD F CUMIFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8911 STROUD DR

City HOUSTON	State TX	Zip Code 77036-5363
-----------------	-------------	------------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11525**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 9 OF 59
	<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-PAC)**

**A. GEORGIA O DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 N CHURCH AVE  
 City WEST JEFFERSON State NC Zip Code 28694-9102  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11486**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**B. EDWARD F DOIDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1921 TRADEWINDS CIRCLE  
 City VENICE State FL Zip Code 34293-3814  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11531**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. Mr. JAMES V DONNELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8609 WINTERGREEN CT #208  
 City ODENTON State MD Zip Code 21113  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11518**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 OF 59  
(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-PAC)**

Full Name (Last, First, Middle Initial)  
**A. CAROL R EK**

Mailing Address 907 SYCAMORE PL

City MCPHERSON State KS Zip Code 67460-5804

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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11Al.11474**

Amount of Each Receipt this Period  
 350.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)  
**B. Mrs. MAVIS D ESKE**

Mailing Address 1324 12TH AVE SE  
 APT 53

City ABERDEEN State SD Zip Code 57401-7759

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11Al.11557**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)  
**C. OSCAR J FERRIANS Jr.**

Mailing Address 850 STELLA DR

City MURPHYS State CA Zip Code 95247-9483

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11Al.11468**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**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 OF 59  
(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-PAC)

Full Name (Last, First, Middle Initial)  
**A. ADRIENNE FIELDS**

Mailing Address 3900 WATSON PL NW

City WASHINGTON State DC Zip Code 20016-5416

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11Al.11549**

Amount of Each Receipt this Period

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)  
**B. DAVID P FLEMING**

Mailing Address 28526 DOUGLAS DR

City N OLMSTED State OH Zip Code 44070-3071

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11Al.11480**

Amount of Each Receipt this Period

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)  
**C. RICHARD GAMBLE**

Mailing Address 3938 RIVIERA DRIVE

City SAN DIEGO State CA Zip Code 92109-5839

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11Al.11482**

Amount of Each Receipt this Period

CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional).....

**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 12 OF 59
<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-PAC)**

Full Name (Last, First, Middle Initial) <b>A. Mr. MICHAEL GILL</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : SA11AI.11455</b>
Mailing Address 8217 SANDY STREAM ROAD		Amount of Each Receipt this Period 400.00
City LAUREL	State MD	Zip Code 20723-1080
FEC ID number of contributing federal political committee. C		CONTRIBUTIONS
Name of Employer DEPARTMENT OF HEALTH AND HUMAN	Occupation FEDERAL EMPLOYEE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. MILDRED V GIORDANO</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : SA11AI.11527</b>
Mailing Address 420 21ST ST SW #24		Amount of Each Receipt this Period 200.00
City HURON	State SD	Zip Code 57350-4356
FEC ID number of contributing federal political committee. C		CONTRIBUTIONS
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. GERALD GLEASON</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : SA11AI.11498</b>
Mailing Address 3118 PATTERSON ST NW		Amount of Each Receipt this Period 200.00
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		CONTRIBUTIONS
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 OF 59
	<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"/>	<input type="checkbox"/> 17

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

**A. WALEED K GOSAYNIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 WEST 31ST ST  
 City HOLLAND State MI Zip Code 49423-6956  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11537**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTIONS

**B. Mr. DONALD J GREEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1128 CHESHIRE LANE  
 City ST LOUIS State MO Zip Code 63119-4814  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11457**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTIONS

**C. Mr. ARNOLD GREENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 712234  
 City LOS ANGELES State CA Zip Code 90071-7234  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11484**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 14 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. THOMAS A HAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 EAST WING DRIVE  
 City SEDONA State AZ Zip Code 86336-9700  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11502**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**B. WAYNE HAMMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8217 TRANQUIL DR  
 City SPRING HILL State FL Zip Code 34606-6530  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11461**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. Mr. THEODORE M HANNAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11106 BYBEE STREET  
 City SILVER SPRING State MD Zip Code 20902-3204  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11522**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 15 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CHARLES HEMMELGARN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6261 HOKE ROAD  
 City CLAYTON State OH Zip Code 45315  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11535**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**B. Mr. YOSHINORI HIMEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7227 BAYVIEW WAY  
 City SACRAMENTO State CA Zip Code 95831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US DEPT OF JUSTICE Occupation FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11500**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. FRANK L HUNTSMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1359  
 City EVERGREEN State CO Zip Code 80437-1359  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11459**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 16 OF 59
	<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-PAC)**

**A. Mr. WILLIAM A JOHNSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1623 SWALLOWS CREST LOOP  
 City CLARKSTON State WA Zip Code 99403-1762  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11539**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**B. Mr. LOUIS J JURUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3745 MT AUGUSTUS AVE  
 City SAN DIEGO State CA Zip Code 92111-3843  
 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11514**  
 Amount of Each Receipt this Period  
 210.00  
 CONTRIBUTIONS

**C. Mr. RAYMOND S KENDALL Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 GRANDCOVE LANE  
 City OAKRIDGE State TN Zip Code 37830-5636  
 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11512**  
 Amount of Each Receipt this Period  
 210.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.00
<b>TOTAL</b> 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 17 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. JAMES D KEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 HIGHWAY 35 N  
 City ROCKPORT State TX Zip Code 78382-3344  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11476**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTIONS

**B. Mr. VANCE J KLEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23445 WATER CIR  
 City BOCA RATON State FL Zip Code 33486-8548  
 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  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11506**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. STEPHEN KLINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. BOX 51 1166  
 City PUNTA GORDA State FL Zip Code 33951-1166  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11458**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 18 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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-PAC)**

**A. PETER F LANDRUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6829 EARHART RD  
 City ANN ARBOR State MI Zip Code 48105-9712  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11533**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**B. Mr. JAMES D LAWLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4415 CLARKSBURG RD  
 City CLEMMONS State NC Zip Code 27012-7156  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11494**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. Mr. JOHN R LEDMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 852 CROTON RD  
 City ROCKLEDGE State FL Zip Code 32955-4145  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11460**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 19 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. ROBERT W LINDECKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 432 BRIDGET DR  
 City MEHLVILLE State MO Zip Code 63125-5411  
 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 06 / 30 / 2012  
**Transaction ID : SA11AI.11490**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTIONS

**B. Mrs. PHYLLIS E MCCUINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 VILLAGE GREEN WAY APT 358  
 City MARSHFIELD State MA Zip Code 02050-2761  
 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 ▼ 250.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : SA11AI.11508**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTIONS

**C. JACK S MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 32ND AVE N APT 104  
 City FARGO State ND Zip Code 58102-1025  
 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 06 / 30 / 2012  
**Transaction ID : SA11AI.11547**  
 Amount of Each Receipt this Period 200.00  
 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: (check only one)	PAGE 20 OF 59
	<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-PAC)**

**A. Mr. JOSEPH F MORGENTHALER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2131 FAUNCE STREET  
 City PHILADELPHIA State PA Zip Code 19152-4011  
 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 06 / 30 / 2012  
**Transaction ID : SA11Al.11545**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTIONS

**B. Mr. HAROLD W NOFFKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 294 CHATHAM DR  
 City FAIRBORN State OH Zip Code 45324-4116  
 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 ▼ 2000.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : SA11Al.11454**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTIONS

**C. RUTH E RHODES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7415 MAHALO HUI DR  
 City DIAMONDHEAD State MS Zip Code 39525-3825  
 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 ▼ 300.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : SA11Al.11472**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 21 OF 59
	<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-PAC)**

**A. DOUGLAS ROSSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7320 GLENDOWER COURT  
 City State Zip Code  
 SPRINGFIELD VA 22153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DEFENSE INFORMATION SYSTEM FEDERAL EMPLOYEE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11470**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTIONS

**B. Mr. VICTOR H SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1122 S CONCORD ST  
 City State Zip Code  
 DAVENPORT IA 52802-2601  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11504**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. Mr. RAYMOND H SUEOKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 EDMONDSON AVE  
 City State Zip Code  
 BALTIMORE MD 21228-4209  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11463**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 22 OF 59
	<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-PAC)**

**A. Mr. ALAN TALBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 SUNNYSIDE RD  
 City SILVER SPRING State MD Zip Code 20910-5465  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11492**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**B. Mr. PHILLMER L TENNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 SNEAD DRIVE  
 City FAIRFIELD GLADE State TN Zip Code 38558-8040  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11553**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. YVONNE TILLIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 SPRINGLAKE AVE  
 City HILLSBORO State OH Zip Code 45133-7890  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11Al.11478**  
 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: (check only one)	PAGE 23 OF 59
	<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-PAC)**

Full Name (Last, First, Middle Initial) <b>A. ISAO TOMITA</b>		Date of Receipt
Mailing Address 286 HOOMALU ST		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2012
City	State	Zip Code
PEARL CITY	HI	96782-2220
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.11541</b>
Name of Employer RETIRED		Amount of Each Receipt this Period
Occupation RETIRED		200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTIONS
Aggregate Year-to-Date ▼		200.00

Full Name (Last, First, Middle Initial) <b>B. Mr. BERNHARD U VAINIK</b>		Date of Receipt
Mailing Address 11012 RED ROCK DRIVE		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2012
City	State	Zip Code
SAN DIEGO	CA	92131-1823
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.11516</b>
Name of Employer RETIRED		Amount of Each Receipt this Period
Occupation RETIRED		200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTIONS
Aggregate Year-to-Date ▼		200.00

Full Name (Last, First, Middle Initial) <b>C. Mr. VICTOR L VAUGHAN Jr.</b>		Date of Receipt
Mailing Address 9 SATINWOOD LANE		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2012
City	State	Zip Code
NEWPORT NEWS	VA	23602-5415
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.11466</b>
Name of Employer RETIRED		Amount of Each Receipt this Period
Occupation RETIRED		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTIONS
Aggregate Year-to-Date ▼		500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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 24 OF 59
	<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-PAC)**

**A. Mr. DALE W WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 MEADOW PARK LN  
 City MEDIA State PA Zip Code 19063-5014  
 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 ▼ 300.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : SA11AI.11543**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTIONS

**B. DAVID H WITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 MALLARD ST  
 City HILTON HEAD ISLAND State SC Zip Code 29928-6517  
 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 06 / 30 / 2012  
**Transaction ID : SA11AI.11488**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTIONS

**C. Mr. FLOYD A ZIMMERMAN Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 434 KATY LN  
 City ENGLEWOOD State OH Zip Code 45322-2306  
 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 06 / 30 / 2012  
**Transaction ID : SA11AI.11520**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 25 OF 59  
(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-PAC)

**A.** Full Name (Last, First, Middle Initial)  
**Mr. HERMAN B ZIMMERMAN**

Mailing Address 1337 NE STANTON ST

City PORTLAND State OR Zip Code 97212-3239

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  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11A1.11496**

Amount of Each Receipt this Period  
200.00

CONTRIBUTIONS

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14420.00

**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 26 OF 59
<input 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 checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. NARFE PREMIER FEDERAL CREDIT UNION**

Mailing Address 6462 LITTLE RIVER TURNPIKE

City ALEXANDRIA	State VA	Zip Code 22312-1444
--------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 490.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA17.11301**

Amount of Each Receipt this Period  
 68.23

INTEREST INCOME

Full Name (Last, First, Middle Initial)  
**B. NARFE PREMIER FEDERAL CREDIT UNION**

Mailing Address 6462 LITTLE RIVER TURNPIKE

City ALEXANDRIA	State VA	Zip Code 22312-1444
--------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 560.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : SA17.11320**

Amount of Each Receipt this Period  
 70.53

INTEREST INCOME

Full Name (Last, First, Middle Initial)  
**C. NARFE PREMIER FEDERAL CREDIT UNION**

Mailing Address 6462 LITTLE RIVER TURNPIKE

City ALEXANDRIA	State VA	Zip Code 22312-1444
--------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 629.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA17.11561**

Amount of Each Receipt this Period  
 68.32

INTEREST INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	207.08
<b>TOTAL</b> This Period (last page this line number only).....▶	207.08

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 730 15th STREET NW 4th Fl

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
BANK CHARGES/CHECK ORDER FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2012

Transaction ID : SB21B.11307

Amount of Each Disbursement this Period

760.19

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 730 15th STREET NW 4th Fl

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CREDIT CARD CHARGES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

Transaction ID : SB21B.11303

Amount of Each Disbursement this Period

583.69

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 730 15th STREET NW 4th Fl

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
BANK CHARGES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2012

Transaction ID : SB21B.11330

Amount of Each Disbursement this Period

1122.52

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

2466.40

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 730 15th STREET NW 4th Fl

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2012

Transaction ID : **SB21B.11322**

Amount of Each Disbursement this Period

876.88

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 730 15th STREET NW 4th Fl

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2012

Transaction ID : **SB21B.11563**

Amount of Each Disbursement this Period

421.81

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 730 15th STREET NW 4th Fl

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.11562**

Amount of Each Disbursement this Period

241.22

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

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

1539.91

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. CANTWELL-CLEARY CO. INC**

Mailing Address 2100 BEAVER ROAD

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.11312**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CANTWELL-CLEARY CO. INC**

Mailing Address 2100 BEAVER ROAD

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.11313**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CANTWELL-CLEARY CO. INC**

Mailing Address 2100 BEAVER ROAD

City LANDOVER State MD Zip Code 20785

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

**003**  
Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.11442**

Amount of Each Disbursement this Period

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

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. CUMMINS-ALLISON CORPORATION**

Mailing Address P. O. BOX 379

City State Zip Code  
MT. PROSPECT IL 60056

Purpose of Disbursement  
Automated Check Endorser

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2012

Transaction ID : SB21B.11319

Amount of Each Disbursement this Period

176.12

Full Name (Last, First, Middle Initial)

**B. DIRECT MAIL PROCESSORS INC**

Mailing Address 1150 CONRAD COURT

City State Zip Code  
HAGERSTOWN MD 21740

Purpose of Disbursement  
LOCKBOX CHARGES AND POSTAGE PERMIT FEES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2012

Transaction ID : SB21B.11306

Amount of Each Disbursement this Period

1875.00

Full Name (Last, First, Middle Initial)

**C. DIRECT MAIL PROCESSORS INC**

Mailing Address 1150 CONRAD COURT

City State Zip Code  
HAGERSTOWN MD 21740

Purpose of Disbursement  
LOCK BOX CHARGES

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2012

Transaction ID : SB21B.11334

Amount of Each Disbursement this Period

1963.68

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

4014.80

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. DIRECT MAIL PROCESSORS INC**

Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
LOCK BOX CHARGES

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.11335**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DIRECT MAIL PROCESSORS INC**

Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
LOCK BOX CHARGES

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.11434**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNERS LANE

City ROCKVILLE State MD Zip Code 20850-1299

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.11308**

Amount of Each Disbursement this Period

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

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNERS LANE

City State Zip Code  
ROCKVILLE MD 20850-1299

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.11309**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNERS LANE

City State Zip Code  
ROCKVILLE MD 20850-1299

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.11336**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNERS LANE

City State Zip Code  
ROCKVILLE MD 20850-1299

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.11337**

Amount of Each Disbursement this Period

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

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNERS LANE

City State Zip Code  
ROCKVILLE MD 20850-1299

Purpose of Disbursement  
PAC SOLICITATION- POSTAGE

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : **SB21B.11435**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNERS LANE

City State Zip Code  
ROCKVILLE MD 20850-1299

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : **SB21B.11440**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNERS LANE

City State Zip Code  
ROCKVILLE MD 20850-1299

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : **SB21B.11441**

Amount of Each Disbursement this Period

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

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. PACEMAKERS PRESS INV**

Mailing Address 6797 BOUMANS CROSSING

City State Zip Code  
FREDERICK MD 21703

Purpose of Disbursement  
PAC SOLICITATION- PRINTING, MAILING, DAT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.11438**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAY FLOW PRO**

Mailing Address 6201 POWERS FERRY ROAD  
3RD FLOOR

City State Zip Code  
ATLANTA GA 30339

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.11304**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAY FLOW PRO**

Mailing Address 6201 POWERS FERRY ROAD  
3RD FLOOR

City State Zip Code  
ATLANTA GA 30339

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.11323**

Amount of Each Disbursement this Period

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

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. PAY FLOW PRO**

Mailing Address 6201 POWERS FERRY ROAD  
3RD FLOOR

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.11430**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. THE AD ANSWER**

Mailing Address 121 CONGRESSIONAL LANE  
6TH FLOOR

City ROCKVILLE State MD Zip Code 20852

Purpose of Disbursement  
PAC LAPEL PINS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.11310**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. THE AD ANSWER**

Mailing Address 121 CONGRESSIONAL LANE  
6TH FLOOR

City ROCKVILLE State MD Zip Code 20852

Purpose of Disbursement  
PAC SOLICITATION-INCENTIVES UMBRELLAS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.11333**

Amount of Each Disbursement this Period

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

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. THE AD ANSWER**

Mailing Address 121 CONGRESSIONAL LANE  
6TH FLOOR

City ROCKVILLE State MD Zip Code 20852

Purpose of Disbursement  
PAC LAPEL PINS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.11331**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. WINCHESTER PRINTERS INC**

Mailing Address 212 INDEPENDENCE DRIVE

City WINCHESTER State VA Zip Code 22606

Purpose of Disbursement  
PAC SOLICITATION- POSTAGE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.11444**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address PO BOX 2232

City State Zip Code  
JENKINTOWN PA 19046

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**ALLYSON SCHWARTZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB23.11315**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address PO BOX 2232

City State Zip Code  
JENKINTOWN PA 19046

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**ALLYSON SCHWARTZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2012

**Transaction ID : SB23.11424**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BERKLEY FOR SENATE**

Mailing Address PO BOX 636

City State Zip Code  
ANNANDALE VA 22003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**SHELLEY BERKLEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2012

**Transaction ID : SB23.11404**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4500.00
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**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. BETTY SUTTON FOR CONGRESS**

Mailing Address 499 S CAPITOL ST SW  
#404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**BETTY SUTTON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : SB23.11422**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. BILL OWENS FOR CONGRESS**

Mailing Address 499 SOUTH CAPITOL STREET SW  
SUITE 404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

010

Candidate Name

**WILLIAM OWENS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : SB23.11411**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. BLUMENTHAL FOR SENATE**

Mailing Address 10 G STREET NE  
SUITE 570

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CAMPAIGN DEBT PAYMENT

011

Candidate Name

**RICHARD BLUMENTHAL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : SB23.11378**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

5	5	0	0	.	0	0
---	---	---	---	---	---	---

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

5	5	0	0	.	0	0
---	---	---	---	---	---	---

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. BONAMICI FOR CONGRESS**

Mailing Address 499 S CAPITOL ST SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**SUZANNE BONAMICI**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OR District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SB23.11343**

Amount of Each Disbursement this Period

1000.00

**B. BONAMICI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 499 S CAPITOL ST SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**SUZANNE BONAMICI**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OR District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SB23.11423**

Amount of Each Disbursement this Period

1000.00

**C. CHERI BUSTOS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**CHERI BUSTOS**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SB23.11393**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT ALAN GRAYSON**

Mailing Address 8419 OAK PARK ROAD

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**ALAN MARK GRAYSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB23.11379**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT LINDA SANCHEZ**

Mailing Address 228 2ND STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**LINDA SANCHEZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2012

**Transaction ID : SB23.11348**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CRITZ FOR CONGRESS**

Mailing Address 499 S CAPITOL ST SW  
SUITE 404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**MARK CRITZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB23.11452**

Amount of Each Disbursement this Period

1500.00
---------

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

5000.00
---------

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

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**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. DAVE LOEBSACK FOR CONGRESS**

Mailing Address 228 2ND ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. DAVID WAYNE LOEBSACK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2012

Transaction ID : **SB23.11351**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. DAVID PRICE FOR CONGRESS**

Mailing Address P. O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. DAVID E PRICE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2012

Transaction ID : **SB23.11338**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DONNELLY FOR INDIANA**

Mailing Address PO BOX 891

City INDIANAPOLIS State IN Zip Code 46206

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**JOE DONNELLY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : **SB23.11395**

Amount of Each Disbursement this Period

2500.00

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

5500.00

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. DOYLE FOR CONGRESS**

Mailing Address PO BOX 17426

City PITTSBURGH State PA Zip Code 15235

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**MIKE DOYLE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	2

**Transaction ID : SB23.11314**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

**B. DUCKWORTH FOR CONGRESS**

Mailing Address PO BOX 59568

City SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. L. TAMMY DUCKWORTH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : SB23.11388**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

1500.00

Full Name (Last, First, Middle Initial)

**C. EDDIE BERNICE JOHNSON FOR CONGRESS**

Mailing Address 499 SOUTH CAPITOL STREET SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**EDDIE BERNICE JOHNSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	2

**Transaction ID : SB23.11346**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

1000.00

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

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

3	5	0	0	0	0	0	0	0	0

3500.00


**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MURPHY**

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Mr. CHRISTOPHER S MURPHY**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : SB23.11349**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAN MAFFEI**

Mailing Address 499 S CAPITOL ST SW  
SUITE 404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**DANIEL B MAFFEI**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : SB23.11415**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF FRANK WOLF**

Mailing Address 20 F STREET NW  
STE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. FRANK R WOLF**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB23.11317**

Amount of Each Disbursement this Period

1000.00

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

5000.00

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF FRANK WOLF**

Mailing Address 20 F STREET NW  
STE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. FRANK R WOLF**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : SB23.11426**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address 499 SOUTH CAPITOL STREET SW  
STE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. JAMES E CLYBURN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : SB23.11446**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JULIAN SCHREIBMAN**

Mailing Address PO BOX 3151

City KINGSTON State NY Zip Code 12402

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**JULIAN D SCHREIBMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : SB23.11408**

Amount of Each Disbursement this Period

1500.00

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

5000.00

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPS**

Mailing Address 38 IVY STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. LOIS G CAPPS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SB23.11373**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROSA DELAURO**

Mailing Address 12 TRUMBULL STREET  
2ND FLOOR

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**ROSA DELAURO**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CT District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SB23.11377**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SANDERS**

Mailing Address PO BOX 391

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**BERNARD SANDERS**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SB23.11427**

Amount of Each Disbursement this Period

2500.00

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

6500.00

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. HEIDI FOR NORTH DAKOTA**

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**HEIDI HEITKAMP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2012

**Transaction ID : SB23.11339**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN TIERNEY FOR CONGRESS**

Mailing Address 230 2ND ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. JOHN F TIERNEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2012

**Transaction ID : SB23.11397**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOYCE HEALY-ABRAMS FOR CONGRESS**

Mailing Address PO BOX 36738

City CANTON State OH Zip Code 44718

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**JOYCE HEALY-ABRAMS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2012

**Transaction ID : SB23.11361**

Amount of Each Disbursement this Period

1000.00
---------

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

5000.00
---------

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

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**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. KAPTUR FOR CONGRESS**

Mailing Address **C/O SILVERBERG ASSOCIATES  
110 D STREET SE #312**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**CONTRIBUTION**

**011**

Candidate Name

**MARCY KAPTUR**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **OH** District: **09**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : SB23.11368**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. KAREN BASS FOR CONGRESS**

Mailing Address **499 S CAPITOL ST SW  
SUITE 422**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**CONTRIBUTION**

**011**

Candidate Name

**KAREN BASS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **CA** District: **33**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : SB23.11374**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. KATHY HOCHUL FOR CONGRESS**

Mailing Address **50 E STREET SE  
SUITE 1**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**CONTRIBUTION**

**011**

Candidate Name

**KATHLEEN COURTNEY HOCHUL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **NY** District: **27**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : SB23.11416**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. KEITH FITZGERALD FOR CONGRESS**

Mailing Address PO BOX 3708

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**KEITH FITZGERALD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB23.11384**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Mailing Address PO BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**KURT SCHRADER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2012

**Transaction ID : SB23.11344**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LANCE FOR CONGRESS**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**LEONARD LANCE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB23.11405**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. LATOURETTE FOR CONGRESS**

Mailing Address 217 THIRD ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. STEVE LATOURETTE**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2012

**Transaction ID : SB23.11342**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LATOURETTE FOR CONGRESS**

Mailing Address 217 THIRD ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. STEVE LATOURETTE**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : SB23.11369**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LOBIONDO FOR CONGRESS**

Mailing Address C/O CAROLE GOEAS & ASSOCIATES LLC  
1707 PRINCE STREET #5

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. FRANK A, LOBIONDO**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : SB23.11360**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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-PAC)**

Full Name (Last, First, Middle Initial)

**A. MANCHIN FOR WEST VIRGINIA**

Mailing Address 426C STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**JOE MANCHIN III**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : SB23.11449

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. MARTIN HEINRICH FOR SENATE**

Mailing Address 50 E ST SE  
SUITE 1

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**MARTIN HEINRICH**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : SB23.11357

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MCCASKILL FOR MISSOURI**

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**CLAIRE MCCASKILL**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : SB23.11353

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. MCDOWELL FOR CONGRESS**

Mailing Address 209 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**GARY J MCDOWELL**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : **SB23.11398**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. MCKINLEY FOR CONGRESS**

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507-0642

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**DAVID MCKINLEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : **SB23.11448**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MCKINLEY FOR CONGRESS**

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507-0642

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**DAVID MCKINLEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : **SB23.11429**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
---	---	---	---	---	---	---

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. MONTANANS FOR TESTER**

Mailing Address 303 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Sen. JON TESTER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : SB23.11354**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. MONTANANS FOR TESTER**

Mailing Address 303 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Sen. JON TESTER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : SB23.11355**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. MORAN FOR CONGRESS**

Mailing Address 311 North Washington Street  
Suite 200L

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. JIM MORAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : SB23.11447**

Amount of Each Disbursement this Period

3500.00

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

8500.00

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. MULLEN FOR CONGRESS**

Mailing Address PO BOX 11665

City SOUTH BEND State IN Zip Code 46634

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**BRENDAN B. MULLEN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

Transaction ID : **SB23.11394**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. NEBRASKANS FOR KERREY**

Mailing Address 420 C ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**J ROBERT KERREY**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

Transaction ID : **SB23.11400**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. OCEGUERA FOR CONGRESS**

Mailing Address 3259 E WARM SPRINGS ROAD

City LAS VEGAS State NV Zip Code 89120

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**JOHN OCEGUERA**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

Transaction ID : **SB23.11403**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. PAM GULLESON FOR NORTH DAKOTA**

Mailing Address PO BOX 6517

City FARGO State ND Zip Code 58109

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**PAM GULLESON**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB23.11419**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**BEN RAY LUJAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

Transaction ID : **SB23.11359**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PETE KING FOR CONGRESS COMMITTEE**

Mailing Address C/O MIKE BURTON  
1526 17TH STREET NW #101

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**PETER KING**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB23.11407**

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. RICHARD HANNA FOR CONGRESS**

Mailing Address PO BOX 118

City UTICA State NY Zip Code 13503

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**RICHARD HANNA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SB23.11412

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. ROB ZERBAN**

Mailing Address PO BOX 2286

City KENOSHA State WI Zip Code 53141-2286

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**ROB ZERBAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2012

Transaction ID : SB23.11370

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. RUSH HOLT FOR CONGRESS**

Mailing Address C/O AMY ECKERT  
PO BOX 15402

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**Rep. RUSH HOLT**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2012

Transaction ID : SB23.11356

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. SCHNEIDER FOR CONGRESS**

Mailing Address 3422 PORTER STREET NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**BRADLEY SCOTT SCHNEIDER**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB23.11390**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. SNOWE FOR SENATE**

Mailing Address PO BOX 2012

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement  
REFUND DUE TO CLOSED COMMITTEE

010

Candidate Name

**Sen. OLYMPIA J SNOWE**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2012

Transaction ID : **SB23.11347**

Amount of Each Disbursement this Period

-800.00

Full Name (Last, First, Middle Initial)

**C. STEPHEN F LYNCH FOR CONGRESS**

Mailing Address 105 FARRAGUT ROAD

City BOSTON State MA Zip Code 02127

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**STEPHEN F LYNCH**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

Transaction ID : **SB23.11352**

Amount of Each Disbursement this Period

5000.00

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

6200.00

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. TEAM EMERSON**

Mailing Address 507 CAPITOL COURT NE  
#100

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. JO ANN EMERSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB23.11399**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR HENRY CUELLAR**

Mailing Address PO BOX 6147

City LAREDO State TX Zip Code 78042

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**HENRY R CUELLAR**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB23.11428**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. THE REYES COMMITTEE**

Mailing Address 499 S CAPITOL ST SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**SILVESTRE REYES**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : SB23.11316**

Amount of Each Disbursement this Period

1000.00
---------

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

3500.00
---------

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

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**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. THE REYES COMMITTEE**

Mailing Address 499 S CAPITOL ST SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**SILVESTRE REYES**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	2

Transaction ID : **SB23.11345**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. TIM BISHOP FOR CONGRESS**

Mailing Address 209 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. TIMOTHY BISHOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : **SB23.11406**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. VAL DEMINGS FOR CONGRESS**

Mailing Address 499 S CAPITOL ST SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**VAL DEMINGS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : **SB23.11381**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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-PAC)**

Full Name (Last, First, Middle Initial)

**A. YARMUTH FOR CONGRESS**

Mailing Address 1819 BROWNSBORO RD

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**Mr. JOHN A YARMUTH**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KY District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

Transaction ID : SB23.11387

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

107200.00