



**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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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

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)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-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 / 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 / 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 / D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11462**  
 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 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 SAN DIEGO State CA Zip Code 92127-1429

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.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 PROVIDENCE State RI Zip Code 02907-3727

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.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 NEVADA CITY State CA Zip Code 95959-8910

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.11529**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

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

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

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

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

FOR LINE NUMBER: PAGE 8 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. Mrs. LOIS CLARK**

Mailing Address 17218 N COUNTRY CLUB DR

City State Zip Code  
 SUN CITY AZ 85373-2212

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.11551**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

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

Mailing Address 318 BELHAVEN CIR

City State Zip Code  
 SANTA ROSA CA 95409-6005

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.11555**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTIONS

Full Name (Last, First, Middle Initial)  
**C. Mr. HAROLD F CUMIFORD**

Mailing Address 8911 STROUD DR

City State Zip Code  
 HOUSTON TX 77036-5363

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.11525**

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 9 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. 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: (check only one)	PAGE 10 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. CAROL R EK**  
 Full Name (Last, First, Middle Initial)  
 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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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 11 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. ADRIENNE FIELDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 WATSON PL NW  
 City WASHINGTON State DC Zip Code 20016-5416  
 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.11549**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**B. DAVID P FLEMING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28526 DOUGLAS DR  
 City N OLMSTED State OH Zip Code 44070-3071  
 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.11480**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**C. RICHARD GAMBLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3938 RIVIERA DRIVE  
 City SAN DIEGO State CA Zip Code 92109-5839  
 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.11482**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTIONS

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

700.00

**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 12 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. MICHAEL GILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8217 SANDY STREAM ROAD  
 City LAUREL State MD Zip Code 20723-1080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEPARTMENT OF HEALTH AND HUMAN Occupation FEDERAL EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : SA11Al.11455**  
 Amount of Each Receipt this Period 400.00  
 CONTRIBUTIONS

**B. MILDRED V GIORDANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 21ST ST SW #24  
 City HURON State SD Zip Code 57350-4356  
 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.11527**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTIONS

**C. Mr. GERALD GLEASON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3118 PATTERSON ST NW  
 City WASHINGTON State DC Zip Code 20015  
 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.11498**  
 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: PAGE 13 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. 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 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 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 06 / 30 / 2012  
**Transaction ID : SA11AI.11484**  
Amount of Each Receipt this Period 200.00  
CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional).....▶ 850.00  
**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 14 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. 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: PAGE 15 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)**

**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 : SA11AI.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 : SA11AI.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 : SA11AI.11459**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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 16 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)**

**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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00  
**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 17 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. 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 M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.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 M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.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 M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.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"/> 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. 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 : SA11Al.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 : SA11Al.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 : SA11Al.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)**

Full Name (Last, First, Middle Initial) <b>A. Mr. JOSEPH F MORGENTHALER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012
Mailing Address 2131 FAUNCE STREET		<b>Transaction ID : SA11Al.11545</b>
City PHILADELPHIA	State PA	Zip Code 19152-4011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED		CONTRIBUTIONS
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>B. Mr. HAROLD W NOFFKE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012
Mailing Address 294 CHATHAM DR		<b>Transaction ID : SA11Al.11454</b>
City FAIRBORN	State OH	Zip Code 45324-4116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED		CONTRIBUTIONS
Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. RUTH E RHODES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012
Mailing Address 7415 MAHALO HUI DR		<b>Transaction ID : SA11Al.11472</b>
City DIAMONDHEAD	State MS	Zip Code 39525-3825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RETIRED		CONTRIBUTIONS
Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<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

<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 23 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)**

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.	C	<b>Transaction ID : SA11Al.11541</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	200.00
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTIONS
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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.	C	<b>Transaction ID : SA11Al.11516</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	200.00
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTIONS
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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.	C	<b>Transaction ID : SA11Al.11466</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	500.00
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTIONS
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : SA11AI.11520**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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 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. Mr. HERMAN B ZIMMERMAN**  
Full Name (Last, First, Middle Initial)  
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  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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)..... ▶

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

2466.40

**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) ▼

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

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 MT. PROSPECT State IL Zip Code 60056

Purpose of Disbursement  
Automated Check Endorser

**001**  
Category/  
Type

Candidate Name

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

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 HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
LOCKBOX CHARGES AND POSTAGE PERMIT FEES

**003**  
Category/  
Type

Candidate Name

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

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 HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
LOCK BOX CHARGES

**003**  
Category/  
Type

Candidate Name

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

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)..... ▶

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

4014.80

**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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : SB21B.11335

Amount of Each Disbursement this Period

2085.59

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 28 / 2012

Transaction ID : SB21B.11434

Amount of Each Disbursement this Period

244.76

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2012

Transaction ID : SB21B.11308

Amount of Each Disbursement this Period

6010.26

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

8340.61

**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 HORNER'S 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

MM / DD / YYYY  
04 / 26 / 2012

Transaction ID : SB21B.11309

Amount of Each Disbursement this Period

1256.31

Full Name (Last, First, Middle Initial)

**B. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNER'S 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

MM / DD / YYYY  
05 / 08 / 2012

Transaction ID : SB21B.11336

Amount of Each Disbursement this Period

4194.07

Full Name (Last, First, Middle Initial)

**C. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNER'S 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

MM / DD / YYYY  
05 / 17 / 2012

Transaction ID : SB21B.11337

Amount of Each Disbursement this Period

889.07

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

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

6339.45

**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 HORNER'S LANE

City ROCKVILLE State MD Zip Code 20850-1299

Purpose of Disbursement  
PAC SOLICITATION- POSTAGE

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : SB21B.11435**

Amount of Each Disbursement this Period

4836.60

Full Name (Last, First, Middle Initial)

**B. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNER'S 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

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : SB21B.11440**

Amount of Each Disbursement this Period

1528.53

Full Name (Last, First, Middle Initial)

**C. ENVELOPES UNLIMITED**

Mailing Address 649 NORTH HORNER'S 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

MM / DD / YYYY  
06 / 28 / 2012

**Transaction ID : SB21B.11441**

Amount of Each Disbursement this Period

1380.31

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

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

7745.44

**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

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 14 / 2012

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

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 10 / 2012

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

Category/  
Type

Candidate Name

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.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**

**001**

Candidate Name

Category/  
Type

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**

**003**

Candidate Name

Category/  
Type

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**

**003**

Candidate Name

Category/  
Type

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

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2012

Transaction ID : SB21B.11331

Amount of Each Disbursement this Period

6093.80

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

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2012

Transaction ID : SB21B.11444

Amount of Each Disbursement this Period

18033.75

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

24127.55

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

72098.48

**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 JENKINTOWN State PA Zip Code 19046

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**ALLYSON SCHWARTZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

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 JENKINTOWN State PA Zip Code 19046

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**ALLYSON SCHWARTZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 13

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 : SB23.11424

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BERKLEY FOR SENATE**

Mailing Address PO BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**SHELLEY BERKLEY**

Category/  
Type

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

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 : SB23.11404

Amount of Each Disbursement this Period

2500.00
---------

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

4500.00
---------

**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. 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  
State: OH District: 13

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 : **SB23.11422**

Amount of Each Disbursement this Period

2500.00
---------

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  
State: NY District: 21

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 : **SB23.11411**

Amount of Each Disbursement this Period

1000.00
---------

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  
State: CT District: 00

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 : **SB23.11378**

Amount of Each Disbursement this Period

2000.00
---------

**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. BONAMICI 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  
**SUZANNE BONAMICI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

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

Transaction ID : **SB23.11343**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BONAMICI 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  
**SUZANNE BONAMICI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

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

Transaction ID : **SB23.11423**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CHERI BUSTOS FOR CONGRESS**

Mailing Address PO BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name  
**CHERI BUSTOS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M / 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)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-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	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : SB23.11379**

Amount of Each Disbursement this Period

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

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

**Transaction ID : SB23.11348**

Amount of Each Disbursement this Period

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

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

**Transaction ID : SB23.11452**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

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

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

Transaction ID : SB23.11351

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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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	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	2

Transaction ID : SB23.11338

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Transaction ID : SB23.11395

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	5	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. 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 M / D D D / Y Y Y Y Y Y  
04 / 24 / 2012

**Transaction ID : SB23.11314**

Amount of Each Disbursement this Period

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

**Transaction ID : SB23.11388**

Amount of Each Disbursement this Period

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

**Transaction ID : SB23.11346**

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. 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

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

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

Transaction ID : **SB23.11446**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. 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

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

Transaction ID : **SB23.12166**

Amount of Each Disbursement this Period

500.00

**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. 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

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

**Transaction ID : SB23.11408**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPP**

Mailing Address 38 IVY STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

011

Candidate Name

**Rep. LOIS G CAPP**

Category/  
Type

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

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 : SB23.11373**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. 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	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : SB23.11377**

Amount of Each Disbursement this Period

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

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

5	5	0	0	.	0	0
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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. 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  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: VT District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB23.11427

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. 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

MM / DD / YYYY  
05 / 09 / 2012

Transaction ID : SB23.11339

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB23.11397

Amount of Each Disbursement this Period

2000.00

**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. 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  
State: OH District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

Transaction ID : **SB23.11361**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. 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  
State: OH District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

Transaction ID : **SB23.11368**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. 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  
State: CA District: 33

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB23.11374**

Amount of Each Disbursement this Period

2500.00

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

4500.00

**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. 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  
State: NY District: 27

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 : SB23.11416**

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. 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  
State: FL District: 16

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 : SB23.11384**

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. 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  
State: OR District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.11344**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	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. 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  
State: NJ District: 07

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 : **SB23.11405**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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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

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

Transaction ID : **SB23.11342**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. 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

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

Transaction ID : **SB23.11369**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	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. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **NJ** District: **02**

Date of Disbursement

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

**Transaction ID : SB23.11360**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **WV** District: **00**

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	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **NM** District: **01**

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	0	0	0	0

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

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

6	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. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 00

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	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

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	0	0	0	0
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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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

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

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

5	5	0	0	0	0	0	0	0	0
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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. 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	0	0	0	0
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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  
State: MT 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 : **SB23.11354**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. 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  
State: MT 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 : **SB23.11355**

Amount of Each Disbursement this Period

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

6	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0
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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. 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  
State: VA District: 08

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 : **SB23.11447**

Amount of Each Disbursement this Period

3	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. 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  
State: IN District: 02

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 : **SB23.11394**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. 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  
State: NE District: 00

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 : **SB23.11400**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

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

6	5	0	0	0	0
---	---	---	---	---	---

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

6	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. 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  
State: NV District: 03

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 : SB23.11403**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. 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

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

**Transaction ID : SB23.11419**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. 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

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

**Transaction ID : SB23.11359**

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. 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

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

**Transaction ID : SB23.11407**

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

**Transaction ID : SB23.11412**

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)

**C. 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	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : SB23.11370**

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

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

1	0	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) <b>A. RUSH HOLT FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address C/O AMY ECKERT PO BOX 15402		<b>Transaction ID : SB23.11356</b>
City WASHINGTON	State DC	
Purpose of Disbursement CONTRIBUTION	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. RUSH HOLT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NJ District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SCHNEIDER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 3422 PORTER STREET NW		<b>Transaction ID : SB23.11390</b>
City WASHINGTON	State DC	
Purpose of Disbursement CONTRIBUTION	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>BRADLEY SCOTT SCHNEIDER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: IL District: 10	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SNOWE FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2012
Mailing Address PO BOX 2012		<b>Transaction ID : SB23.11347</b>
City PORTLAND	State ME	
Purpose of Disbursement REFUND DUE TO CLOSED COMMITTEE	Category/ Type 010	Amount of Each Disbursement this Period -800.00
Candidate Name <b>Sen. OLYMPIA J SNOWE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: ME District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

2200.00

**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. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : SB23.11352**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. 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

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : SB23.11399**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : SB23.11428**

Amount of Each Disbursement this Period

1500.00

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

7500.00

**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. 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
---------

Full Name (Last, First, Middle Initial)

**B. 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
05		09		2012

Transaction ID : **SB23.11345**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. 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 M	/	D D D	/	Y Y Y Y Y
06		29		2012

Transaction ID : **SB23.11406**

Amount of Each Disbursement this Period

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

3000.00
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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. 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

Category/  
Type

Candidate Name

**VAL DEMINGS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

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

**Transaction ID : SB23.11381**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. YARMUTH FOR CONGRESS**

Mailing Address 1819 BROWNSBORO RD

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement  
CONTRIBUTION

011

Category/  
Type

Candidate Name

**Mr. JOHN A YARMUTH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M M M	/	D 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)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

107200.00
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