

**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)  
**ALION SCIENCE AND TECHNOLOGY CORPORATION PAC**

Full Name (Last, First, Middle Initial)

**A. ADAM SMITH FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 23626

City FEDERAL WAY State WA Zip Code 98093

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. D Adam Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	3

**Transaction ID : B6C2F329E3D634E23A79**

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. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	3

**Transaction ID : B006A9B9096B94F9B94B**

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)

**C. BILL OWENS FOR CONGRESS**

Mailing Address PO BOX 1575

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**William Owens**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

**Transaction ID : B0A5EA642661148D69C9**

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
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1	0	0	0	0	0	0	0	0	0
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