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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Committee to Preserve Social Security & Medicare PAC

A.
Full Name (Last, First, Middle Initial): Kildee for Congress Committee
Mailing Address: PO Box 317
City: Flint State: MI Zip Code: 48501
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Dale Kildee
Office Sought: X House / Senate / President
State: MI District: 9
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: 9676140
Date of Disbursement: 05 / 11 / 2004
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Max Sandlin for Congress
Mailing Address: 227 Massachusetts Aveune NE, #101
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Max Sandlin
Office Sought: X House / Senate / President
State: TX District: 1
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: 9676143
Date of Disbursement: 05 / 11 / 2004
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Allyson Schwartz For Congress
Mailing Address: P.O. Box 45706
City: Philadelphia State: PA Zip Code: 19149
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Allyson Schwartz
Office Sought: X House / Senate / President
State: PA District: 13
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: 9676145
Date of Disbursement: 05 / 11 / 2004
Amount of Each Disbursement this Period: 1000.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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