

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

ADDRESS (number and street) 606 NORTH WASHINGTON STREET
 Check if different than previously reported. (ACC)
ALEXANDRIA VA 22314-1914

2. **FEC IDENTIFICATION NUMBER** C00091561
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

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

Type or Print Name of Treasurer Mr. RICHARD THISSEN

Signature of Treasurer Electronically Filed by Mr. RICHARD THISSEN Date 08 03 2011

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		425348.66
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	425348.66									
(c) Total Receipts (from Line 19)	156048.10	156048.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	581396.76	581396.76								
7. Total Disbursements (from Line 31)	111537.51	111537.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	469859.25	469859.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	12415.00	12415.00
(ii) Unitemized	143209.93	143209.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)	155624.93	155624.93
(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)	155624.93	155624.93
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)	100.00	100.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	323.17	323.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	156048.10	156048.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	156048.10	156048.10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11537.51	11537.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11537.51	11537.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	100000.00	100000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	111537.51	111537.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	111537.51	111537.51

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)	155624.93	155624.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	155624.93	155624.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11537.51	11537.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	100.00	100.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11437.51	11437.51

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

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

FOR LINE NUMBER: PAGE 6 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 CAROL VAN AERNAM
 Mailing Address 411 W MADISON PL
 City State Zip Code
 INDIANOLA IA 50125-1148
 Date of Receipt
 M M / D D / Y Y Y Y
 06 30 2011
Transaction ID: SA11AI.10918
 Amount of Each Receipt this Period
 260.00
 CONTRIBUTIONS
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

B. Full Name (Last, First, Middle Initial)
 P A ALBAUGH
 Mailing Address 1378 STONEBURNER RD
 City State Zip Code
 EDINBURG VA 22824-2901
 Date of Receipt
 M M / D D / Y Y Y Y
 03 31 2011
Transaction ID: SA11AI.10860
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTIONS
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Mr. RALPH R ANGELO
 Mailing Address 2017 PHEASANT CREEK DR
 City State Zip Code
 AUGUSTA GA 30907-9222
 Date of Receipt
 M M / D D / Y Y Y Y
 06 30 2011
Transaction ID: SA11AI.10924
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTIONS
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

SUBTOTAL of Receipts This Page (optional) ► 1460.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JAN M BAPPE</p> <p>Mailing Address 2957 KALAKAUA AVE #210</p> <p>City State Zip Code HONOLULU HI 96815-4612</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2011</p> <p>Transaction ID: SA11AI.10927</p> <p>Amount of Each Receipt this Period 200.00</p> <p>CONTRIBUTIONS</p>
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<p>B. Full Name (Last, First, Middle Initial) MR BRUCE A BENNETT</p> <p>Mailing Address 526 SOUTH STREET #E</p> <p>City State Zip Code SAN LUIS OBISPO CA 93401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2011</p> <p>Transaction ID: SA11AI.10863</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTIONS</p>
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<p>C. Full Name (Last, First, Middle Initial) NORMAN I. BORGEN</p> <p>Mailing Address 11578 OCULTO ROAD</p> <p>City State Zip Code SAN DIEGO CA 92127-1429</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2011</p> <p>Transaction ID: SA11AI.10930</p> <p>Amount of Each Receipt this Period 200.00</p> <p>CONTRIBUTIONS</p>
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SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 38
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. PETER BOWER

Mailing Address **6006 74TH ST NE**

City **MARYSVILLE** State **WA** Zip Code **98270-3930**

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

Name of Employer **USPS** Occupation **USPS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 31 / 2011**
Transaction ID: SA11AI.10871
 Amount of Each Receipt this Period **250.00**
CONTRIBUTIONS

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

Mailing Address **10300 MOXLEY RD**

City **DAMASCUS** State **MD** Zip Code **20872-1349**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **03 / 31 / 2011**
Transaction ID: SA11AI.10880
 Amount of Each Receipt this Period **200.00**
CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
MARVIN BROWN

Mailing Address **9041 WANDERING TRAIL DRIVE**

City **POTOMAC** State **MD** Zip Code **20854-2381**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **03 / 31 / 2011**
Transaction ID: SA11AI.10889
 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: PAGE 9 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) C WESLEY CARSON</p> <p>Mailing Address 77 FOREST AT DUKE DR</p> <p>City State Zip Code DURHAM NC 27705-5639</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.00</p>	<p>Date of Receipt 03 / 31 / 2011</p> <p>Transaction ID: SA11AI.10876</p> <p>Amount of Each Receipt this Period 200.00</p> <p>CONTRIBUTIONS</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. JOHN CLARK</p> <p>Mailing Address 2220 SOUTH RANDOLPH ST</p> <p>City State Zip Code ARLINGTON VA 22204-5441</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.00</p>	<p>Date of Receipt 03 / 31 / 2011</p> <p>Transaction ID: SA11AI.10911</p> <p>Amount of Each Receipt this Period 200.00</p> <p>CONTRIBUTIONS</p>
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<p>C. Full Name (Last, First, Middle Initial) H EUGENE COOK</p> <p>Mailing Address 2200 LARCHDALE DR</p> <p>City State Zip Code LINCOLN NE 68506</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 31 / 2011</p> <p>Transaction ID: SA11AI.10864</p> <p>Amount of Each Receipt this Period 300.00</p> <p>CONTRIBUTIONS</p>
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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: (check only one)	PAGE 10 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MARY COX		Date of Receipt
	Mailing Address 14445 S SHADOW ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2011
	City	State	Zip Code
	OLATHE	KS	66061
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10881
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			CONTRIBUTIONS

B.	Full Name (Last, First, Middle Initial) Mr. JOSEPH DELORIA		Date of Receipt
	Mailing Address 1912 BRAD ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2011
	City	State	Zip Code
	WAUKESHA	WI	53188
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10878
Name of Employer FEDERAL EMPLOYEE		Occupation FEDERAL EMPLOYEE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			CONTRIBUTIONS

C.	Full Name (Last, First, Middle Initial) ROBERT J GERES		Date of Receipt
	Mailing Address 848 WOODLAND AVENUE #29		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2011
	City	State	Zip Code
	OJAI	CA	93023
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10891
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 38
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. MICHAEL GILL

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 ▼ 200.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.10929
Amount of Each Receipt this Period: 200.00
CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
STEVEN R HABEGER

Mailing Address 5 HUDSON PL

City BERLIN State MD Zip Code 21811-1251

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.10883
Amount of Each Receipt this Period: 200.00
CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
GLEN B HALL

Mailing Address 410 SE 2 ST #122

City HALLANDALE State FL Zip Code 33009-5613

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: 06 / 30 / 2011
Transaction ID: SA11AI.10914
Amount of Each Receipt this Period: 500.00
CONTRIBUTIONS

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) WAYNE HAMMER	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 8217 TRANQUIL DR	Transaction ID: SA11AI.10887
	City State Zip Code SPRING HILL FL 34606-6530	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) G P HENRY	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 3160 GRACEFIELD RD #ET2222	Transaction ID: SA11AI.10925
	City State Zip Code SILVER SPRING MD 20904-1975	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) RONALD E HIBBING	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 7979 E PRINCESS DR UNIT #35	Transaction ID: SA11AI.10902
	City State Zip Code SCOTTSDALE AZ 85255-5880	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 38
	<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

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

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

A.	Full Name (Last, First, Middle Initial) FRANK L HUNTSMAN		Date of Receipt
	Mailing Address PO BOX 1359		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	EVERGREEN	CO	80437-1359
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10868
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			CONTRIBUTIONS

B.	Full Name (Last, First, Middle Initial) WILLIAM G IRVINE		Date of Receipt
	Mailing Address PO BOX 104		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SOUTHWORTH	WA	98386-0104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10922
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			CONTRIBUTIONS

C.	Full Name (Last, First, Middle Initial) Mr. DENNIS JONES		Date of Receipt
	Mailing Address 4876 GLEN ISLE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LOVELAND	CO	80538-6208
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10867
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RONALD E KENNEDY		Date of Receipt
	Mailing Address 4750 BELLAIRE DR S		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2011
	City	State	Zip Code
	FORT WORTH	TX	76109-2403
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10895
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			CONTRIBUTIONS

B.	Full Name (Last, First, Middle Initial) Mr. DOUGLAS KIK		Date of Receipt
	Mailing Address 2335 DICKENS WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2011
	City	State	Zip Code
	EAST LANSING	MI	48823-7751
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10870
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			CONTRIBUTIONS

C.	Full Name (Last, First, Middle Initial) CAROLYN S KLEIN		Date of Receipt
	Mailing Address 23445 WATER CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2011
	City	State	Zip Code
	BOCA RATON	FL	33486-8548
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10893
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 RICHARD D KULHAVY
 Mailing Address 5874 MARETA LN
 City LOOMIS State CA Zip Code 95650
 Date of Receipt 03 / 31 / 2011
Transaction ID: SA11AI.10866
 Amount of Each Receipt this Period 250.00
 CONTRIBUTIONS
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 JOHN L LAUGHLIN
 Mailing Address 11 STACEY COURT
 City BERLIN State MD Zip Code 21811-1743
 Date of Receipt 03 / 31 / 2011
Transaction ID: SA11AI.10873
 Amount of Each Receipt this Period 200.00
 CONTRIBUTIONS
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

C. Full Name (Last, First, Middle Initial)
 TED B LEECH
 Mailing Address 5119 REGAL PINE WAY
 City FRIENDSWOOD State TX Zip Code 77546-3016
 Date of Receipt 03 / 31 / 2011
Transaction ID: SA11AI.10885
 Amount of Each Receipt this Period 200.00
 CONTRIBUTIONS
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

SUBTOTAL of Receipts This Page (optional) ► 650.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 638 VALLEYWOOD DR SE

City SALEM State OR Zip Code 97306

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

Name of Employer COMMERCE/C Occupation FEDERAL EMPLOYEE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.10900
 Amount of Each Receipt this Period: 200.00
CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
MR. PAUL MANKA

Mailing Address 638 VALLEYWOOD DR. SE

City SALEM State OR Zip Code 97306

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

Name of Employer US DEPARTMENT Occupation FEDERAL EMPLOYEE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.10892
 Amount of Each Receipt this Period: 200.00
CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
Mr. N. J. MARKOV

Mailing Address POST OFFICE BOX 163332

City COLUMBUS State OH Zip Code 43216-3332

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.10910
 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 17 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
H R MCLANE

Mailing Address 1125 CRESCENT LANE

City State Zip Code
SPRINGFIELD IL 82704-2209

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: SA11AI.10904

Amount of Each Receipt this Period
200.00

CONTRIBUTIONS

B.

Full Name (Last, First, Middle Initial)
Mr. HAROLD W NOFFKE

Mailing Address 294 CHATHAM DR

City State Zip Code
FAIRBORN OH 45324-4116

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: SA11AI.10858

Amount of Each Receipt this Period
1000.00

CONTRIBUTIONS

C.

Full Name (Last, First, Middle Initial)
S DOMESHEK PE

Mailing Address 2320 EDGEWOOD TERR

City State Zip Code
SCOTCH PLAINS NJ 07076-2107

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: SA11AI.10915

Amount of Each Receipt this Period
400.00

CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 18 / 38
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
LAURENCE H REMBOLD

Mailing Address **225 REBECCA DR #449**

City **ALAMO** State **TX** Zip Code **78516-2582**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt: **03 / 31 / 2011**
Transaction ID: SA11AI.10898
 Amount of Each Receipt this Period: **200.00**
CONTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
Mr. THOMAS RIDLEHOOVER

Mailing Address **6186 COTTAGE CREEK RD**

City **SOUTHPORT** State **NC** Zip Code **28461-2985**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt: **03 / 31 / 2011**
Transaction ID: SA11AI.10912
 Amount of Each Receipt this Period: **200.00**
CONTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
JAMES A SAXMAN

Mailing Address **9875 CHERRYLEAF DRIVE APT 303**

City **INDIANAPOLIS** State **IN** Zip Code **46268-3905**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt: **03 / 31 / 2011**
Transaction ID: SA11AI.10906
 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 19 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN R SNOW	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 10605 BLUFF RD	Transaction ID: SA11AI.10920
	City State Zip Code TRAVERSE CITY MI 49686-8543	Amount of Each Receipt this Period 205.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

B.	Full Name (Last, First, Middle Initial) Mr. SAMUEL STITMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 160 SPRING HILL LANE	Transaction ID: SA11AI.10879
	City State Zip Code MOUNTVILLE PA 17554-1000	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) MS AUTUMN STORHAUG	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 1700 N 26TH ST	Transaction ID: SA11AI.10908
	City State Zip Code BISMARCK ND 58501-2210	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTIONS
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	605.00
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 20 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. EUGENE D STRAUB

Mailing Address 3152 GRACEFIELD RD
APT 311

City State Zip Code
SILVER SPRING MD 20904

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2011

Transaction ID: SA11AI.10862

Amount of Each Receipt this Period
500.00

CONTRIBUTIONS

B.

Full Name (Last, First, Middle Initial)
Mr. RAYMOND H SUEOKA

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2011

Transaction ID: SA11AI.10917

Amount of Each Receipt this Period
300.00

CONTRIBUTIONS

C.

Full Name (Last, First, Middle Initial)
JACQUELINE S TESKY

Mailing Address 503 BORING CHAPEL RD

City State Zip Code
JOHNSON CITY TN 37615-2952

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2011

Transaction ID: SA11AI.10875

Amount of Each Receipt this Period
200.00

CONTRIBUTIONS

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 21 / 38	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. ARTHUR L TRACY, Jr.		Date of Receipt		
	Mailing Address PO BOX 214		M M / D D / Y Y Y Y 03 / 31 / 2011		
	City	State	Zip Code	Transaction ID: SA11AI.10901	
	SHELTON	WA	98584-0214	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	200.00	
	Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		200.00			

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	12415.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 38	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) NARFE PREMIER FEDERAL CREDIT UNION		Date of Receipt																				
Mailing Address 6462 LITTLE RIVER TURNPIKE		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	1	1													
City	State	Zip Code																				
ALEXANDRIA	VA	22312-1444																				
FEC ID number of contributing federal political committee.		Transaction ID: SA17.10835																				
C		Amount of Each Receipt this Period																				
		262.04																				
Name of Employer	Occupation	INTEREST INCOME																				
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	323.17																					

SUBTOTAL of Receipts This Page (optional)	▶	262.04
TOTAL This Period (last page this line number only)	▶	262.04

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10793 Date of Disbursement 02 / 28 / 2011 Amount of Each Disbursement this Period 92.80
B.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10804 Date of Disbursement 03 / 15 / 2011 Amount of Each Disbursement this Period 17.56
C.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10794 Date of Disbursement 03 / 31 / 2011 Amount of Each Disbursement this Period 124.70

SUBTOTAL of Disbursements This Page (optional) ▶	235.06
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-PA)

A.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10813 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 1	Amount of Each Disbursement this Period 260.94
B.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10814 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1	Amount of Each Disbursement this Period 347.43
C.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10829 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 1 1	Amount of Each Disbursement this Period 243.37

SUBTOTAL of Disbursements This Page (optional)		851.74	
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-PA)

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB21B.10828 Date of Disbursement
	Mailing Address 730 15th STREET NW 4th Fl	<input type="text" value="05"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES	<input type="text" value="70.42"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB21B.10837 Date of Disbursement
	Mailing Address 730 15th STREET NW 4th Fl	<input type="text" value="06"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD CHARGES	<input type="text" value="148.14"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB21B.10836 Date of Disbursement
	Mailing Address 730 15th STREET NW 4th Fl	<input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES	<input type="text" value="60.12"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="278.68"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
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

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.10816
Date of Disbursement

04 / 07 / 2011

Amount of Each Disbursement this Period

1790.00

B. Full Name (Last, First, Middle Initial)
DIRECT MAIL PROCESSORS INC

Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement
LOCK BOX CHARGES

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.10815
Date of Disbursement

04 / 29 / 2011

Amount of Each Disbursement this Period

6.87

C. Full Name (Last, First, Middle Initial)
DIRECT MAIL PROCESSORS INC

Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement
LOCK BOX CHARGES

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.10839
Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

2.26

SUBTOTAL of Disbursements This Page (optional) ▶

1799.13

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-PA)

A.	Full Name (Last, First, Middle Initial) HARRIS SERVICES INC <hr/> Mailing Address 310 SWANN AVENUE <hr/> City ALEXANDRIA State VA Zip Code 22301 <hr/> Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10826 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 689.77
B.	Full Name (Last, First, Middle Initial) HARRIS SERVICES INC <hr/> Mailing Address 310 SWANN AVENUE <hr/> City ALEXANDRIA State VA Zip Code 22301 <hr/> Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10831 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 989.16
C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE CENTER <hr/> Mailing Address PHILADELPHIA <hr/> City PHILADELPHIA State PA Zip Code 19255 <hr/> Purpose of Disbursement 2010 tax due on filing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10931 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 358.00

SUBTOTAL of Disbursements This Page (optional) ▶

2036.93

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-PA)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PAY FLOW PRO</p> <p>Mailing Address 6201 POWERS FERRY ROAD 3RD FLOOR</p> <p>City ATLANTA State GA Zip Code 30339</p> <p>Purpose of Disbursement CREDIT CARD PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10817 Date of Disbursement 04 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 59.95</p> <p>Category/Type 001</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PAY FLOW PRO</p> <p>Mailing Address 6201 POWERS FERRY ROAD 3RD FLOOR</p> <p>City ATLANTA State GA Zip Code 30339</p> <p>Purpose of Disbursement CREDIT CARD PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10830 Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 59.95</p> <p>Category/Type 001</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PAY FLOW PRO</p> <p>Mailing Address 6201 POWERS FERRY ROAD 3RD FLOOR</p> <p>City ATLANTA State GA Zip Code 30339</p> <p>Purpose of Disbursement CREDIT CARD PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10838 Date of Disbursement 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 59.95</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

179.85

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)

PAGE 29 / 38

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) PITNEY BOWES	Transaction ID: SB21B.10936 Date of Disbursement 06 / 13 / 2011
	Mailing Address POST OFFICE BOX 85390	Amount of Each Disbursement this Period 3000.00
	City LOUISVILLE State KY Zip Code 40285-5390	
	Purpose of Disbursement POSTAGE PERMIT FEES Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) THE AD ANSWER	Transaction ID: SB21B.10781 Date of Disbursement 02 / 08 / 2011
	Mailing Address 121 CONGRESSIONAL LANE 6TH FLOOR	Amount of Each Disbursement this Period 2775.06
	City ROCKVILLE State MD Zip Code 20852	
	Purpose of Disbursement PAC PINS Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5775.06

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

11156.45

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) ACKERMAN FOR CONGRESS	Transaction ID: SB23.10853 Date of Disbursement 05 / 03 / 2011	
	Mailing Address POST OFFICE BOX 95		
	City FRESH MEADOWS State NY Zip Code 11365	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name Rep. GARY L ACKERMAN		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011	
	State: NY District: 05	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE	Transaction ID: SB23.10807 Date of Disbursement 03 / 28 / 2011	
	Mailing Address 38 IVY STREET SE		
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name BENJAMIN L CARDIN		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011	
	State: MD District: 03	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS	Transaction ID: SB23.10805 Date of Disbursement 03 / 28 / 2011	
	Mailing Address PO BOX 42169		
	City ARLINGTON State VA Zip Code 22204	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name BRUCE BRALEY		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011	
	State: IA District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS	Transaction ID: SB23.10806 Date of Disbursement 03 / 28 / 2011	
	Mailing Address 2901 DRUID PARK DRIVE SUITE 203		Amount of Each Disbursement this Period 4000.00
	City Baltimore State MD Zip Code 21215		
	Purpose of Disbursement CONTRIBUTION Candidate Name ELIJAH E CUMMINGS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CMPGN. COM	Transaction ID: SB23.10940 Date of Disbursement 02 / 07 / 2011	
	Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003		
	Purpose of Disbursement BUSINESS COUNCIL, DCCC Candidate Name DEMOCRATIC CONGRESSIONAL CMPGN. COM Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ MBR DUES	011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COM.	Transaction ID: SB23.10786 Date of Disbursement 02 / 07 / 2011	
	Mailing Address 120 MARYLAND AVENUE NE		Amount of Each Disbursement this Period 15000.00
	City WASHINGTON State DC Zip Code 20002		
	Purpose of Disbursement LEADERSHIP CIRCLE, DSCC Candidate Name DEMOCRATIC SENATORIAL CAMPAIGN COM. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ MBR DUES	011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	34000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS <hr/> Mailing Address 22 WEST PADONIA ROAD SUITE C -141 <hr/> City TIMONIUM State MD Zip Code 21093-2238 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. DUTCH RUPPERSBERGER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10841 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
B. Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN GEORGE MILLER <hr/> Mailing Address PO BOX 5864 <hr/> City CONCORD State CA Zip Code 94524 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. GEORGE MILLER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10840 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
C. Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF <hr/> Mailing Address 20 F STREET NW STE 500 <hr/> City WASHINGTON State DC Zip Code 20001 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. FRANK R WOLF <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10846 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: SB23.10847 Date of Disbursement 06 / 27 / 2011
	Mailing Address 499 SOUTH CAPITOL STREET SW STE 422	Amount of Each Disbursement this Period 1500.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JAMES E CLYBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	011 Category/ Type
	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.10789 Date of Disbursement 02 / 07 / 2011
	Mailing Address 12 TRUMBULL STREET 2ND FLOOR	Amount of Each Disbursement this Period 2000.00
	City NEW HAVEN State CT Zip Code 06511	
	Purpose of Disbursement CONTRIBUTION Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	011 Category/ Type
	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS	Transaction ID: SB23.10811 Date of Disbursement 03 / 28 / 2011
	Mailing Address 729 15TH STREET NW STE 300	Amount of Each Disbursement this Period 2000.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. GERRY CONNOLLY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	011 Category/ Type
	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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-PA)

A. Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS <hr/> Mailing Address PO BOX 563 <hr/> City MERRIFIELD State VA Zip Code 22116 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. GERRY CONNOLLY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10848 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS <hr/> Mailing Address 4201 NORTHVIEW DRIVE STE 307 <hr/> City BOWIE State MD Zip Code 20716 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. STENY HOYER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10842 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER <hr/> Mailing Address 303 MASSACHUSETTS AVENUE NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Sen. JON TESTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10845 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) MORAN FOR CONGRESS</p> <p>Mailing Address 311 North Washington Street Suite 200L</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Rep. JIM MORAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10843 Date of Disbursement: 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSNL. COM.</p> <p>Mailing Address 320 FIRST STREET, NE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONGRESSIONAL FORUM, NRCC</p> <p>Candidate Name NATIONAL REPUBLICAN CONGRESSNL. COM.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ MBR DUES</p>	<p>Transaction ID: SB23.10785 Date of Disbursement: 02 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL REPUB SENATORIAL COM. (NRSC)</p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement REPUBLICAN SENATE COUNCIL POLICY BOARD</p> <p>Candidate Name NATIONAL REPUB SENATORIAL COM. (NRSC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ MBR DUES</p>	<p>Transaction ID: SB23.10942 Date of Disbursement: 02 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

31500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) NORM DICKS FOR CONGRESS	Transaction ID: SB23.10854 Date of Disbursement 05 / 03 / 2011
	Mailing Address PO BOX 1663	Amount of Each Disbursement this Period 1000.00
	City TACOMA State WA Zip Code 98401	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. NORM D DICKS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) RUSS CARNAHAN IN CONGRESS	Transaction ID: SB23.10808 Date of Disbursement 03 / 28 / 2011
	Mailing Address PO BOX 190033	Amount of Each Disbursement this Period 1000.00
	City ST LOUIS State MO Zip Code 63119	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. RUSS CARNAHAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) SCOTT RIGELL FOR CONGRESS	Transaction ID: SB23.10790 Date of Disbursement 02 / 07 / 2011
	Mailing Address 915 FIRST COLONIAL ROAD SUITE 100	Amount of Each Disbursement this Period 1000.00
	City VIRGINIA BEACH State VA Zip Code 23454	
	Purpose of Disbursement CONTRIBUTION Candidate Name SCOTT RIGELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: SB23.10851 Date of Disbursement 05 / 03 / 2011	
	Mailing Address PO BOX 2012		
	City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name Sen. OLYMPIA J SNOWE		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011	
	State: ME District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS	Transaction ID: SB23.10810 Date of Disbursement 03 / 28 / 2011	
	Mailing Address 300 1/2 F STREET NE		
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name Rep. STEVE J ISRAEL		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011	
	State: NY District: 02	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) TEAM EMERSON	Transaction ID: SB23.10809 Date of Disbursement 03 / 28 / 2011	
	Mailing Address 507 CAPITOL COURT NE #100		
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement CONTRIBUTION	011	Category/Type
	Candidate Name Rep. JO ANN EMERSON		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011	
	State: MO District: 08	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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-PA)

A. Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Mailing Address 10605 CONCORD STREET City KENSINGTON State MD Zip Code 20895 Purpose of Disbursement CONTRIBUTION Candidate Name CHRIS VAN HOLLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10844 Date of Disbursement 06 / 27 / 2011
	Amount of Each Disbursement this Period 3500.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOR CONGRESS Mailing Address PO BOX 71147 City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement CONTRIBUTION Candidate Name Rep. DEBBIE WASSERMAN-SCHULTZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10849 Date of Disbursement 05 / 03 / 2011
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	10000.00