

**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

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) Carney For Congress <hr/> Mailing Address P.O. Box A <hr/> City Clarks Summit State PA Zip Code 18411 Purpose of Disbursement Contribution Candidate Name Mr. Christopher Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18688435 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Perlmutter For Congress <hr/> Mailing Address 3440 Youngfield Street #264 <hr/> City Wheat Ridge State CO Zip Code 80033 Purpose of Disbursement Contribution Candidate Name Mr. Edwin Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18688452 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Scott Murphy For Congress <hr/> Mailing Address 5 South Side Dr. #224 <hr/> City Clifton Park State NY Zip Code 12065 Purpose of Disbursement Contribution Candidate Name Rep. Scott M. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18688454 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	