

**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 School Transportation Association**

Full Name (Last, First, Middle Initial)

**A. Dan Lipinski for Congress**

Mailing Address 1000 Hillgrove Avenue, Suite 200

City State Zip Code  
Western Springs IL 60558

Purpose of Disbursement  
contribution

011

Candidate Name

**Dan Lipinski for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2013

**Transaction ID : SB23.4251**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM INHOFE**

Mailing Address PO BOX 13300

City State Zip Code  
OKLAHOMA CITY OK 73113

Purpose of Disbursement  
contribution

011

Candidate Name

**FRIENDS OF JIM INHOFE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2013

**Transaction ID : SB23.4250**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARK WARNER**

Mailing Address 201 NORTH UNION STREET SUITE 300

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
contribution

011

Candidate Name

**FRIENDS OF MARK WARNER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2013

**Transaction ID : SB23.4253**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

4000.00