

**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)

Nelson Mullins Riley & Scarborough, LLP Federal Political Committee

Full Name (Last, First, Middle Initial)

A. FRED STEEN FOR CONGRESS

Mailing Address PO BOX 8168

City LANDIS State NC Zip Code 28088

Purpose of Disbursement

012

Candidate Name

FRED STEEN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2012

Transaction ID : SB23.9418

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement

012

Candidate Name

FRIENDS OF CHRIS MURPHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2012

Transaction ID : SB23.9460

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CONGRESSMAN TIM HOLDEN

Mailing Address 18 N. SECOND ST., BOX 37
PO BOX 37

City SAINT CLAIR State PA Zip Code 17970

Purpose of Disbursement

012

Candidate Name

FRIENDS OF CONGRESSMAN TIM HOLDEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2012

Transaction ID : SB23.9438

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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