

**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 linesNATIONAL 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**

CITY

STATE

ZIP CODE

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

2009

through

06

30

2009

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 C OSTERGREN

Signature of Treasurer

Electronically Filed by Mr. RICHARD C OSTERGREN

Date

07

30

2009

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**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 22

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 0 9 To: M M  
0 6 D D  
3 0 Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</span>		306641.99
(b) Cash on Hand at Beginning of Reporting Period .....	306641.99	
(c) Total Receipts (from Line 19) .....	113662.31	113662.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	420304.30	420304.30
7. Total Disbursements (from Line 31) .....	67073.59	67073.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	353230.71	353230.71
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

3 / 22

Write or Type Committee Name

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

Report Covering the Period:

From:

M M D D Y Y W Y  
0 1 0 1 2 0 0 9

To:

M M D D Y Y W Y  
0 6 3 0 2 0 0 9

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) .....	5550.00	5550.00
(ii) Unitemized .....	107938.26	107938.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	113488.26	113488.26
(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) .....	113488.26	113488.26
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	174.05	174.05
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)) .....	113662.31	113662.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	113662.31	113662.31

## DETAILED SUMMARY PAGE

of Disbursements

4 / 22

FEC Form 3X (Rev. 02/2003)

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.....	1073.59	1073.59	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1073.59	1073.59	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000.00	66000.00	
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))..	67073.59	67073.59	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67073.59	67073.59	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 22

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) .....	113488.26	113488.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113488.26	113488.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1073.59	1073.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1073.59	1073.59

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

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

FOR LINE NUMBER: PAGE 6 / 22

(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)

Mr. RALPH R ANGELO

Mailing Address 2017 PHEASANT CREEK DR

City

**AUGUSTA**

State

**GA**

Zip Code

**30907-9222**

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

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9762

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**B.**

Full Name (Last, First, Middle Initial)

MR BRUCE A BENNETT

Mailing Address 526 SOUTH STREET #E

City

**SAN LUIS OBISPO**

State

**CA**

Zip Code

**93401**

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

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9751

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**C.**

Full Name (Last, First, Middle Initial)

MR BRUCE A BENNETT

Mailing Address 526 SOUTH STREET #E

City

**SAN LUIS OBISPO**

State

**CA**

Zip Code

**93401**

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9767

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 7 / 22

(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)

MR STEPHEN C BENTLEY

Mailing Address 619 S 22ND STREET

City

ARLINGTON

State

VA

Zip Code

22202-2721

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

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9746

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**B.**

Full Name (Last, First, Middle Initial)

CAROLE BLIXT

Mailing Address PO BOX 611

City

CHARMAN

State

KS

Zip Code

67431-0611

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

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9759

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**C.**

Full Name (Last, First, Middle Initial)

NORMAN I. BORGEN

Mailing Address 11578 OCULTO ROAD

City

SAN DIEGO

State

CA

Zip Code

92127-1429

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

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9764

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 8 / 22

(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. CALEB BURGOYNE

Mailing Address 235 LONG VIEW DR

City

WINCHESTER

State

TN

Zip Code

37398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.9765

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP R CRAMER

Mailing Address 10440 STONE CANYON RD  
APT 215N

City

DALLAS

State

TX

Zip Code

75230-4842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: SA11AI.9743

Amount of Each Receipt this Period

300.00

CONTRIBUTIONS

**C.**

Full Name (Last, First, Middle Initial)

Mr. JOHN W ELDREDGE, Jr.

Mailing Address 9316 KENSINGTON LN

City

WINDSOR

State

CA

Zip Code

95492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.9753

Amount of Each Receipt this Period

500.00

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 9 / 22

(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)

Mr. CHARLES J GOGUEN, Jr.

Mailing Address 4800 FILLMORE AVE  
APT 801

City State Zip Code  
**ALEXANDRIA VA 22311-5071**

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

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9770

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**B.**

Full Name (Last, First, Middle Initial)

GLEN B HALL

Mailing Address 410 SE 2 ST  
#122

City State Zip Code  
**HALLANDALE FL 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

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9754

Amount of Each Receipt this Period

500.00

CONTRIBUTIONS

**C.**

Full Name (Last, First, Middle Initial)

Mr. DENNIS JONES

Mailing Address 4876 GLEN ISLE DR

City State Zip Code  
**LOVELAND CO 80538-6208**

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9744

Amount of Each Receipt this Period

250.00

CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**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 10 / 22

(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)

STEPHEN KLINE

Mailing Address P. O. BOX 51 1166

City

PUNTA GORDA

State

FL

Zip Code

33951-1166

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9742

Amount of Each Receipt this Period

300.00

CONTRIBUTIONS

**B.**

Full Name (Last, First, Middle Initial)

Mr. JOHN R LEDMAN

Mailing Address 852 CROTON RD

City

ROCKLEDGE

State

FL

Zip Code

32955-4145

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

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9752

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

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9774

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**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: PAGE 11 / 22

(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)

Mr. WILLIAM F MARTIN

Mailing Address 294 TYLER POINT LANE

City

**BUMPASS**

State

**VA**

Zip Code

**23024-4633**

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 / 2009**

**Transaction ID: SA11AI.9749**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTIONS**

**B.**

Full Name (Last, First, Middle Initial)

Mr. JAMES A MCQUEEN

Mailing Address 2116 MYTHEWOOD CIRCLE SW

City

**HUNTSVILLE**

State

**AL**

Zip Code

**35803-1410**

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

**06 / 30 / 2009**

**Transaction ID: SA11AI.9757**

Amount of Each Receipt this Period

**200.00**

**CONTRIBUTIONS**

**C.**

Full Name (Last, First, Middle Initial)

ANITA MORSMAN

Mailing Address PO BOX 508

City

**ROSMAN**

State

**NC**

Zip Code

**28772**

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

**03 / 31 / 2009**

**Transaction ID: SA11AI.9740**

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: PAGE 12 / 22

(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)  
LAURENCE H REMBOLD

Mailing Address 225 REBECCA DR  
#449

City State Zip Code  
ALAMO TX 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

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9745

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**B.**

Full Name (Last, First, Middle Initial)  
Ms REBECCA R SMITH

Mailing Address 2350 W MODELLE AVE  
APT 1

City State Zip Code  
CLINTON OK 73601-3752

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

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9755

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**C.**

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  
RETIRED

Occupation  
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  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9748

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 13 / 22

(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)

Mr. ARTHUR L TRACY, Jr.

Mailing Address PO BOX 214

City

SHELTON

State

WA

Zip Code

98584-0214

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

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9773

Amount of Each Receipt this Period

200.00

CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

5550.00

# **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 14 / 22

<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 3 DUPONT CIRCLE NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9716

Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

33.80

**B.**

Full Name (Last, First, Middle Initial)

BANK OF AMERICA

Mailing Address 3 DUPONT CIRCLE NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
BANK CHARGES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9711

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

132.90

**C.**

Full Name (Last, First, Middle Initial)

BANK OF AMERICA

Mailing Address 3 DUPONT CIRCLE NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9717

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

21.22

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

187.92

**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 15 / 22

<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 3 DUPONT CIRCLE NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
BANK CHARGES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9712

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

180.19

B.

Full Name (Last, First, Middle Initial)

BANK OF AMERICA

Mailing Address 3 DUPONT CIRCLE NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9718

Date of Disbursement

03 / 28 / 2009

Amount of Each Disbursement this Period

82.64

C.

Full Name (Last, First, Middle Initial)

BANK OF AMERICA

Mailing Address 3 DUPONT CIRCLE NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
BANK CHARGES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9713

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

384.69

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

647.52

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 16 / 22

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA	<b>Transaction ID:</b> SB21B.9719 <b>Date of Disbursement</b>																				
Mailing Address 3 DUPONT CIRCLE NW	<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>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	9													
City WASHINGTON State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CREDIT CARD CHARGES	<table border="1"> <tr> <td>141.68</td> </tr> </table>	141.68																			
141.68																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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>B.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA	<b>Transaction ID:</b> SB21B.9714 <b>Date of Disbursement</b>																				
Mailing Address 3 DUPONT CIRCLE NW	<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>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	9													
City WASHINGTON State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK CHARGES	<table border="1"> <tr> <td>348.55</td> </tr> </table>	348.55																			
348.55																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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>C.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA	<b>Transaction ID:</b> SB21B.9720 <b>Date of Disbursement</b>																				
Mailing Address 3 DUPONT CIRCLE NW	<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>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	9													
City WASHINGTON State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CREDIT CARD CHARGES	<table border="1"> <tr> <td>70.56</td> </tr> </table>	70.56																			
70.56																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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) .....

560.79

**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 17 / 22

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA	<b>Transaction ID:</b> SB21B.9715 <b>Date of Disbursement</b>																				
Mailing Address 3 DUPONT CIRCLE NW	<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>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK CHARGES	<table border="1"> <tr> <td>159.02</td> </tr> </table>	159.02																			
159.02																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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>B.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA	<b>Transaction ID:</b> SB21B.9721 <b>Date of Disbursement</b>																				
Mailing Address 3 DUPONT CIRCLE NW	<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>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	0	9												
City WASHINGTON State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CREDIT CARD CHARGES	<table border="1"> <tr> <td>70.52</td> </tr> </table>	70.52																			
70.52																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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>C.</b> Full Name (Last, First, Middle Initial) CUMMINS-ALLISON CORPORATION	<b>Transaction ID:</b> SB21B.9709 <b>Date of Disbursement</b>																				
Mailing Address P. O. BOX 379	<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>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	0	9												
City MT. PROSPECT State IL Zip Code 60056	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Automated Check Endorser	<table border="1"> <tr> <td>167.47</td> </tr> </table>	167.47																			
167.47																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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) .....

**397.01**

**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 18 / 22

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) DIRECT MAIL PROCESSORS INC	<b>Transaction ID:</b> SB21B.9706 <b>Date of Disbursement</b>																				
Mailing Address 1150 CONRAD COURT	<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>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
City HAGERSTOWN State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage Candidate Name	<table border="1"> <tr> <td colspan="10">745.00</td> </tr> </table>	745.00																			
745.00																					
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>B.</b> Full Name (Last, First, Middle Initial) DIRECT MAIL PROCESSORS INC	<b>Transaction ID:</b> SB21B.9707 <b>Date of Disbursement</b>																				
Mailing Address 1150 CONRAD COURT	<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>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City HAGERSTOWN State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lockbox Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">41.73</td> </tr> </table>	41.73																			
41.73																					
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>C.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE CENTER	<b>Transaction ID:</b> SB21B.9704 <b>Date of Disbursement</b>																				
Mailing Address PHILADELPHIA	<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>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19255	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 1st Qtr Estimated Corporate Income Tax Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
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) .....

**836.73**

**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)

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<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)  
INTERNAL REVENUE SERVICE CENTER

Mailing Address PHILADELPHIA

City PHILADELPHIA State PA Zip Code 19255

Purpose of Disbursement  
Corporate Income Tax Refund -2008

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9702

Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

-4722.00

**B.** Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE CENTER

Mailing Address PHILADELPHIA

City PHILADELPHIA State PA Zip Code 19255

Purpose of Disbursement  
Corporate Income Tax Interest on refund

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9703

Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

-15.55

**C.** Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE CENTER

Mailing Address PHILADELPHIA

City PHILADELPHIA State PA Zip Code 19255

Purpose of Disbursement  
2nd Qtr Estimated Corporate Income Tax

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9705

Date of Disbursement

06 / 04 / 2009

Amount of Each Disbursement this Period

25.00

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

-4712.55

**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 PageFOR LINE NUMBER:  
(check only one)

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<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)

PURCHASE POWER

Mailing Address POST OFFICE BOX 856042

City  
LOUISVILLEState  
KYZip Code  
40285-5390Purpose of Disbursement  
REPLENISH POSTAGE

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9724

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Amount of Each Disbursement this Period

3000.00

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

3000.00

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

917.42

# **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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)  
DEMOCRATIC CONGRESSIONAL CMPGN. COM

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
BUSINESS COUNCIL, DCCC

Candidate Name  
DEMOCRATIC CONGRESSIONAL CMPGN. COM

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2009 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: MBR DUES

Transaction ID: SB23.9695

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

15000.00

**B.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC SENATORIAL CAMPAIGN COM.

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
LEADERSHIP CIRCLE, DSCC

Candidate Name  
DEMOCRATIC SENATORIAL CAMPAIGN COM.

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2009 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: MBR DUES

Transaction ID: SB23.9697

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

15000.00

**C.** Full Name (Last, First, Middle Initial)  
MORAN FOR CONGRESS

Mailing Address 311 North Washington Street  
Suite 200L

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
Rep. JIM MORAN

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 08

Transaction ID: SB23.9700

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

5000.00

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

35000.00

**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)

PAGE 22 / 22

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSNL. COM.	<b>Transaction ID:</b> SB23.9696 <b>Date of Disbursement</b>
Mailing Address 320 FIRST STREET, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONGRESSIONAL FORUM, NRCC	<div>15000.00</div>
Candidate Name NATIONAL REPUBLICAN CONGRESSNL. COM.	<div>011</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: MBR DUES	
<b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL REPUB SENATORIAL COM. (NRSC)	<b>Transaction ID:</b> SB23.9698 <b>Date of Disbursement</b>
Mailing Address 425 SECOND STREET NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REP SENATE COUNCIL POLICY BOARD NRSC	<div>15000.00</div>
Candidate Name NATIONAL REPUB SENATORIAL COM. (NRSC)	<div>011</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: MBR DUES	
<b>C.</b> Full Name (Last, First, Middle Initial) STEPHEN F LYNCH FOR CONGRESS	<b>Transaction ID:</b> SB23.9699 <b>Date of Disbursement</b>
Mailing Address 105 Farragut Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City BOSTON State MA Zip Code 02127	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name STEPHEN F LYNCH	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 09	

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

31000.00

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

66000.00