

**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 Multi Housing Council Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cicilline Committee

Mailing Address One Park Row, Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Cicilline

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : 53246077

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Arkansas for Leadership PAC (ARKPAC)

Mailing Address Post Office Box 1672

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

011

Category/
Type

Candidate Name

Arkansas for Leadership PAC (ARKPAC)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : 53246078

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Renee Ellmers RN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : 53246079

Amount of Each Disbursement this Period

1000.00

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

5500.00

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