

**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 COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TREY GOWDY

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement
6/23 Breakfast

011

Category/
Type

Candidate Name

TREY GOWDY FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2011

Transaction ID : SB23.5882

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LINDSEY GRAHAM

Mailing Address PO BOX 486

City SENECA State SC Zip Code 29679

Purpose of Disbursement
6/16 Luncheon

011

Category/
Type

Candidate Name

TEAM GRAHAM INC

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2011

Transaction ID : SB23.5868

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. H MORGAN GRIFFITH

Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement
03/08/2011 Reception

Category/
Type

Candidate Name

MORGAN GRIFFITH FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	08	/	2011

Transaction ID : SB23.5740

Amount of Each Disbursement this Period

500.00

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

3500.00

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

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