

**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 Assn of Social Workers Inc. Political Action for Candidate Election (PACE)

Full Name (Last, First, Middle Initial)

A. Priorities USA Action

Mailing Address 1101 15th St. NW Suite 205

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

State: DC District:

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2012

Transaction ID : B405644

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-election Committee

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Louise M Slaughter

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2012

Transaction ID : B409233

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

James E Clyburn

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Transaction ID : B408799

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

5000.00