

**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. RALPH BRAD MR MILLER

Mailing Address PO BOX 10322

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement
Reception 9/14/11

011

Candidate Name
BRAD MILLER FOR UNITED STATES CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID : **SB23.6047**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. RALPH BRAD MR MILLER

Mailing Address PO BOX 10322

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement
Luncheon 11/30/2011

011

Candidate Name
BRAD MILLER FOR UNITED STATES CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	1

Transaction ID : **SB23.6103**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. JOHN MICHAEL 'MICK' MULVANEY

Mailing Address 550 RALPH HOOD ROAD

City INDIAN LAND State SC Zip Code 29707

Purpose of Disbursement
Luncheon 9/20/2011

011

Candidate Name
MULVANEY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	1

Transaction ID : **SB23.6060**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

2	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

2	0	0	0	0	0	0	0	0	0
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