

**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 Committee to Preserve Social Security & Medicare PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>UDALL FOR US ALL   | Transaction ID: 14810387<br>Date of Disbursement<br>12 / 09 / 2007 |
|    | Mailing Address 308 E Capitol St, NE, #7  | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name TOM UDALL<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 03 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Contribution   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Ron Kind for Congress   | Transaction ID: 14810388<br>Date of Disbursement<br>12 / 09 / 2007 |
|    | Mailing Address 38 Ivy St, SE  | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Washington State DC Zip Code 20003  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Ron Kind<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 03 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>LAUTENBERG COMMITTEE  | Transaction ID: 14810389<br>Date of Disbursement<br>12 / 09 / 2007 |
|    | Mailing Address P O BOX 305  | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City BELLMEAD State NJ Zip Code 08502  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name FRANK LAUTENBERG<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 01 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |