

**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)
DIRECT VOICE, THE POLITICAL ACTION COMMITTEE OF THE DIRECT MARKETING ASSOCIATION

Full Name (Last, First, Middle Initial)

A. GRASSLEY COMMITTEE

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Contribution to The Grassley Committee, Inc

011

Candidate Name
CHARLES E GRASSLEY

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.8711

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. NELSON 2012

Mailing Address PO BOX 8666

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
Contribution to Candidate

011

Candidate Name
E BENJAMIN NELSON

Category/
Type

Office Sought: House
 Senate
 President
State: NE District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID : SB23.8719

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Ed Whitfield

Mailing Address 700 12th Street, NW
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution to Whitfield for Congress

011

Candidate Name
Ed Whitfield

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.8717

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
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