

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

ADDRESS (number and street) 606 NORTH WASHINGTON STREET ALEXANDRIA VA 22314-1914

2. FEC IDENTIFICATION NUMBER C00091561 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. RICHARD C OSTERGREN

Signature of Treasurer Electronically Filed by Mr. RICHARD C OSTERGREN Date 07 14 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		314010.49
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	663013.33									
(c) Total Receipts (from Line 19) .....	643244.02	1157245.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1306257.35	1471255.54								
7. Total Disbursements (from Line 31) .....	207174.83	372173.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1099082.52	1099082.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6231.50	12931.50
(ii) Unitemized .....	635846.24	1143139.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	642077.74	1156071.16
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	642077.74	1156071.16
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1147.98	1147.98
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	18.30	25.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	643244.02	1157245.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	643244.02	1157245.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	120174.83	219173.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	120174.83	219173.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87000.00	153000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	207174.83	372173.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	207174.83	372173.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	642077.74	1156071.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	642077.74	1156071.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	120174.83	219173.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1147.98	1147.98
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	119026.85	218025.04

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

**A.** Full Name (Last, First, Middle Initial)  
Ms JUDY P ABERNETHY

Mailing Address PO BOX 2333

City State Zip Code  
**OXFORD MS 38655**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
 FEDERAL EMPLOYEE FEDERAL EMPLOYEE

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: SA11AI.10085**

Amount of Each Receipt this Period  
250.00

CONTRIBUTIONS

**B.** Full Name (Last, First, Middle Initial)  
Ms MARY ALLAN

Mailing Address 14445 RACINE AVE N

City State Zip Code  
**MARINE ON ST CROIX MN 55047**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: SA11AI.10081**

Amount of Each Receipt this Period  
372.00

CONTRIBUTIONS

**C.** Full Name (Last, First, Middle Initial)  
MR BRUCE A BENNETT

Mailing Address 526 SOUTH STREET #E

City State Zip Code  
**SAN LUIS OBISPO CA 93401**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: SA11AI.10065**

Amount of Each Receipt this Period  
400.00

CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional) ..... 1022.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

**A.** Full Name (Last, First, Middle Initial)  
Mr. ROBERT L BODY

Mailing Address **31 INDIAN VILLAGE TRAIL**

City **COCOA BEACH** State **FL** Zip Code **32931-2321**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **06 / 30 / 2010**  
**Transaction ID: SA11AI.10073**  
 Amount of Each Receipt this Period **200.00**

**CONTRIBUTIONS**

**B.** Full Name (Last, First, Middle Initial)  
NORMAN I. BORGEN

Mailing Address **11578 OCULTO ROAD**

City **SAN DIEGO** State **CA** Zip Code **92127-1429**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **06 / 30 / 2010**  
**Transaction ID: SA11AI.10076**  
 Amount of Each Receipt this Period **200.00**

**CONTRIBUTIONS**

**C.** Full Name (Last, First, Middle Initial)  
WINFRED BROWN

Mailing Address **9 CHURCHWELL DR**

City **BENTONVILLE** State **AZ** Zip Code **72712-9227**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 30 / 2010**  
**Transaction ID: SA11AI.10066**  
 Amount of Each Receipt this Period **250.00**

**CONTRIBUTIONS**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 8 / 37
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ANTHONY D CAMPBELL</b>	Date of Receipt MM / DD / YYYY <b>06 / 30 / 2010</b>
	Mailing Address <b>519 NORTHRIDGE DR</b>	<b>Transaction ID: SA11AI.10080</b>
	City State Zip Code <b>BOULDER CITY NV 89005-2801</b>	Amount of Each Receipt this Period <b>200.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTIONS</b>
	Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Mr. RICHARD D CARSON</b>	Date of Receipt MM / DD / YYYY <b>06 / 30 / 2010</b>
	Mailing Address <b>14937 BANNER LAVA CAP RD</b>	<b>Transaction ID: SA11AI.10070</b>
	City State Zip Code <b>NEVADA CITY CA 95959-8100</b>	Amount of Each Receipt this Period <b>200.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTIONS</b>
	Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Mr. JOE DELORIA</b>	Date of Receipt MM / DD / YYYY <b>06 / 30 / 2010</b>
	Mailing Address <b>1912 BRAD ST</b>	<b>Transaction ID: SA11AI.10095</b>
	City State Zip Code <b>WAUKESHA WI 53188</b>	Amount of Each Receipt this Period <b>200.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTIONS</b>
	Name of Employer <b>FEDERAL EMPLOYEE</b> Occupation <b>FEDERAL EMPLOYEE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. CAROL A ESLINGER	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 137 RIVER BREEZE DR	<b>Transaction ID:</b> SA11AI.10078
	City State Zip Code CHARLESTON SC 29407	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTIONS</b>
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ANDREW M FINDLAY	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2500 TAYLOR AVE	<b>Transaction ID:</b> SA11AI.10077
	City State Zip Code ALEXANDRIA VA 22302-2905	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTIONS</b>
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. IVAN E GILLIS	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1778 HERMOSITA DR	<b>Transaction ID:</b> SA11AI.10083
	City State Zip Code SAN MARCOS CA 92078	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTIONS</b>
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) GLEN B HALL</p> <p>Mailing Address 410 SE 2 ST #122</p> <p>City State Zip Code HALLANDALE FL 33009-5613</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 3 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.10063</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><b>CONTRIBUTIONS</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. NELSON H HAWKINS</p> <p>Mailing Address PO BOX 2621 33 BUTTE COURT</p> <p>City State Zip Code PAGE AZ 86040</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 3 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.10093</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p><b>CONTRIBUTIONS</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) EDWARD J HELD</p> <p>Mailing Address 1525 HOWZE ST</p> <p>City State Zip Code EL PASO TX 79903-2006</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 3 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.10075</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p><b>CONTRIBUTIONS</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

**A.** Full Name (Last, First, Middle Initial)  
LYLE E JENSEN

Mailing Address 1817 SW ATHENS AVE

City State Zip Code  
PENDLETON OR 97801-4011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11AI.10069

Amount of Each Receipt this Period  
250.00

CONTRIBUTIONS

**B.** Full Name (Last, First, Middle Initial)  
J P KUHNS

Mailing Address 651 MERIONETH DR NE

City State Zip Code  
FORT WALTON BEACH FL 32547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11AI.10091

Amount of Each Receipt this Period  
200.00

CONTRIBUTIONS

**C.** Full Name (Last, First, Middle Initial)  
DUANE C LEITER

Mailing Address 9115 ACUFF LANE

City State Zip Code  
LENEXA KS 66215-3058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11AI.10074

Amount of Each Receipt this Period  
200.00

CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

**A.**

Full Name (Last, First, Middle Initial)  
ALVERA L MASON

Mailing Address 2405 BROADWAY JUNIATA

City State Zip Code  
ALTOONA PA 16601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID: SA11AI.10079**

Amount of Each Receipt this Period  
200.00

CONTRIBUTIONS

**B.**

Full Name (Last, First, Middle Initial)  
ANITA MORSMAN

Mailing Address PO BOX 508

City State Zip Code  
ROSMAN NC 28772

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID: SA11AI.10072**

Amount of Each Receipt this Period  
200.00

CONTRIBUTIONS

**C.**

Full Name (Last, First, Middle Initial)  
JEAN RIGNEY

Mailing Address PO BOX 11041

City State Zip Code  
NORFOLK VA 23517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID: SA11AI.10089**

Amount of Each Receipt this Period  
200.00

CONTRIBUTIONS

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. JANE M RUSSELL

Mailing Address 604 BANKS ROAD EAST

City State Zip Code  
**FAYETTEVILLE GA 30214**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**FEDERAL EMPLOYEE FEDERAL EMPLOYEE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **06 / 30 / 2010**  
**Transaction ID: SA11AI.10097**  
 Amount of Each Receipt this Period **200.00**  
**CONTRIBUTIONS**

**B.** Full Name (Last, First, Middle Initial)  
Mr. EUGENE D STRAUB

Mailing Address 3152 GRACEFIELD RD  
APT 311

City State Zip Code  
**SILVER SPRING MD 20904**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.00**

Date of Receipt **06 / 30 / 2010**  
**Transaction ID: SA11AI.10064**  
 Amount of Each Receipt this Period **499.00**  
**CONTRIBUTIONS**

**C.** Full Name (Last, First, Middle Initial)  
Mr. RAYMOND H SUEOKA

Mailing Address 2107 EDMONDSON AVE

City State Zip Code  
**BALTIMORE MD 21228-4209**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **06 / 30 / 2010**  
**Transaction ID: SA11AI.10071**  
 Amount of Each Receipt this Period **200.00**  
**CONTRIBUTIONS**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **899.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 37	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)**

**A.**

Full Name (Last, First, Middle Initial)  
 Mrs. GERTRUDE WICKLIFF

Mailing Address 3490 W 450 S

City State Zip Code  
**SHELBYVILLE IN 46176**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 FEDERAL EMPLOYEE FEDERAL EMPLOYEE

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.50

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2010**

Transaction ID: SA11AI.10087

Amount of Each Receipt this Period  
 210.50

CONTRIBUTIONS

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6231.50</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 37	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)
---

A.

Full Name (Last, First, Middle Initial) VIRGINIA DEPARTMENT OF TAXATION		Date of Receipt
Mailing Address POST OFFICE BOX1500		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
City	State	Zip Code
RICHMOND	VA	23218-1500
FEC ID number of contributing federal political committee.		Transaction ID: SA15.10105
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1074.98"/>
Occupation		Refund on Income tax
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1074.98"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<input type="text" value="1074.98"/>
TOTAL This Period (last page this line number only) .....	<input type="text" value="1074.98"/>

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA <hr/> Mailing Address 3 DUPONT CIRCLE NW <hr/> City WASHINGTON State DC Zip Code 20036 <hr/> Purpose of Disbursement CREDIT CARD CHARGES Candidate Name	Transaction ID: SB21B.9961 Date of Disbursement 04 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 662.82		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
<b>B.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA <hr/> Mailing Address 3 DUPONT CIRCLE NW <hr/> City WASHINGTON State DC Zip Code 20036 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name	Transaction ID: SB21B.9959 Date of Disbursement 04 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 1432.74		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	
<b>C.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA <hr/> Mailing Address 3 DUPONT CIRCLE NW <hr/> City WASHINGTON State DC Zip Code 20036 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name	Transaction ID: SB21B.9995 Date of Disbursement 05 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 4028.67		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001	
		Disbursement For:	

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

6124.23

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



### 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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BANK OF AMERICA</b>		<b>Transaction ID:</b> SB21B.9993	
	Mailing Address    3 DUPONT CIRCLE NW		Date of Disbursement	
	City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD CHARGES		<input type="text" value="001"/>	<input type="text" value="1574.15"/>
Candidate Name		Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:				

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BANK OF AMERICA</b>		<b>Transaction ID:</b> SB21B.10112	
	Mailing Address    3 DUPONT CIRCLE NW		Date of Disbursement	
	City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES		<input type="text" value="001"/>	<input type="text" value="911.79"/>
Candidate Name		Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:				

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BANK OF AMERICA</b>		<b>Transaction ID:</b> SB21B.10111	
	Mailing Address    3 DUPONT CIRCLE NW		Date of Disbursement	
	City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD CHARGES		<input type="text" value="001"/>	<input type="text" value="742.91"/>
Candidate Name		Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3228.85"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) CANTWELL-CLEARY CO. INC	Transaction ID: SB21B.9998 Date of Disbursement 05 / 13 / 2010
	Mailing Address 2100 BEAVER ROAD	Amount of Each Disbursement this Period 1392.98
	City LANDOVER State MD Zip Code 20785	
	Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CANTWELL-CLEARY CO. INC	Transaction ID: SB21B.10062 Date of Disbursement 06 / 08 / 2010
	Mailing Address 2100 BEAVER ROAD	Amount of Each Disbursement this Period 450.04
	City LANDOVER State MD Zip Code 20785	
	Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DIRECT MAIL PROCESSORS INC	Transaction ID: SB21B.9962 Date of Disbursement 04 / 16 / 2010
	Mailing Address 1150 CONRAD COURT	Amount of Each Disbursement this Period 1790.00
	City HAGERSTOWN State MD Zip Code 21740	
	Purpose of Disbursement Postage	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3633.02

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A.	Full Name (Last, First, Middle Initial) DIRECT MAIL PROCESSORS INC	Transaction ID: SB21B.10000 Date of Disbursement
	Mailing Address 1150 CONRAD COURT	<input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HAGERSTOWN State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Lockbox Expenses	<input type="text" value="4953.39"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) DIRECT MAIL PROCESSORS INC	Transaction ID: SB21B.10114 Date of Disbursement
	Mailing Address 1150 CONRAD COURT	<input type="text" value="06"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HAGERSTOWN State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Lockbox Expenses	<input type="text" value="5463.24"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DIRECT MAIL PROCESSORS INC	Transaction ID: SB21B.10116 Date of Disbursement
	Mailing Address 1150 CONRAD COURT	<input type="text" value="06"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HAGERSTOWN State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Lockbox Expenses	<input type="text" value="977.14"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11393.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b> Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED Mailing Address 649 NORTH HORNERS LANE City ROCKVILLE State MD Zip Code 20850-1299 Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.9971 Date of Disbursement 04 / 01 / 2010 Amount of Each Disbursement this Period 63100.57 003 Category/ Type
	Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED Mailing Address 649 NORTH HORNERS LANE City ROCKVILLE State MD Zip Code 20850-1299 Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED Mailing Address 649 NORTH HORNERS LANE City ROCKVILLE State MD Zip Code 20850-1299 Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.9996 Date of Disbursement 05 / 24 / 2010 Amount of Each Disbursement this Period 8078.43 003 Category/ Type

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

78448.08

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED	Transaction ID: SB21B.10060 Date of Disbursement 06 / 08 / 2010
	Mailing Address 649 NORTH HORNERS LANE	Amount of Each Disbursement this Period 5700.64
	City ROCKVILLE State MD Zip Code 20850-1299	
	Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED	Transaction ID: SB21B.10059 Date of Disbursement 06 / 10 / 2010
	Mailing Address 649 NORTH HORNERS LANE	Amount of Each Disbursement this Period 6270.62
	City ROCKVILLE State MD Zip Code 20850-1299	
	Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED	Transaction ID: SB21B.10058 Date of Disbursement 06 / 15 / 2010
	Mailing Address 649 NORTH HORNERS LANE	Amount of Each Disbursement this Period 1120.24
	City ROCKVILLE State MD Zip Code 20850-1299	
	Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

13091.50

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

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b> Full Name (Last, First, Middle Initial) ENVELOPES UNLIMITED Mailing Address 649 NORTH HORNERS LANE City ROCKVILLE State MD Zip Code 20850-1299 Purpose of Disbursement PAC SOLICITATION- PRINTING, MAILING, DAT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10061 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 663.96 Category/Type 003
<b>B.</b> Full Name (Last, First, Middle Initial) MOORE BUSINESS FORMS Mailing Address POST OFFICE BOX 7777 W5220 City PHILADELPHIA State PA Zip Code 19175-5220 Purpose of Disbursement PAC SOLICITATION FULFILLMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10117 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 3591.42 Category/Type 001

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

4255.38

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

120174.83

# 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BETTY SUTTON FOR CONGRESS</b>  Mailing Address 1700 W. Market St. #155  City Akron State OH Zip Code 44313  Purpose of Disbursement CONTRIBUTION Candidate Name BETTY SUTTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.10034 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BILL FOSTER FOR CONGRESS</b>  Mailing Address PO BOX 703  City GENEVA State IL Zip Code 60134  Purpose of Disbursement CONTRIBUTION Candidate Name G. WILLIAM (BILL) FOSTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.10015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BOBBY SCOTT FOR CONGRESS</b>  Mailing Address PO BOX 251  City Newport News State VA Zip Code 23607  Purpose of Disbursement CONTRIBUTION Candidate Name ROBERT C SCOTT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.10041 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

**A.** Full Name (Last, First, Middle Initial)  
BOB FILNER FOR CONGRESS

Mailing Address PO BOX 121480

City CHULA VISTA State CA Zip Code 91912

Purpose of Disbursement

CONTRIBUTION

Category/  
Type

Candidate Name  
BOB FILNER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Transaction ID: SB23.9966

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
CHRIS CARNEY FOR CONGRESS

Mailing Address PO BOX A

City Clarks Summit State PA Zip Code 18411

Purpose of Disbursement

CONTRIBUTION

Category/  
Type

Candidate Name  
Rep. CHRISTOPHER CARNEY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.10037

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT GARY ACKERMAN

Mailing Address PO BOX 15616

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

CONTRIBUTION

Category/  
Type

Candidate Name  
Rep. GARY L ACKERMAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 05

Transaction ID: SB23.10054

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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



**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT CHRIS SMITH <hr/> Mailing Address PO BOX 3184 <hr/> City HAMILTON State NJ Zip Code 08619 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10026 Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) DAN SEALS FOR CONGRESS <hr/> Mailing Address P.O. Box 584 <hr/> City Wilmette State IL Zip Code 60091 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DANIEL JOSEPH SEALS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10049 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) DAVE LOEBSACK FOR CONGRESS <hr/> Mailing Address PO BOX 2720 <hr/> City CEDAR RAPIDS State IA Zip Code 52406 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. DAVID WAYNE LOEBSACK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10016 Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4000.00

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

**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

<b>A.</b>	Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS	Transaction ID: SB23.9969 Date of Disbursement
	Mailing Address 650 FOX TRAILS WAY	<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City CINCINNATI State OH Zip Code 45233	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name STEVEN DRIEHAUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/> <input type="text" value="011"/> Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.10033 Date of Disbursement
	Mailing Address P O BOX 9336	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City FARGO State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. EARL RALPH POMEROY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4000.00"/> <input type="text" value="011"/> Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.10009 Date of Disbursement
	Mailing Address 426 C STREET NE	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/> <input type="text" value="011"/> Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER	Transaction ID: SB23.10003 Date of Disbursement																			
	Mailing Address PO BOX 411176	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	7		2	0	1	0												
	City LOS ANGELES State CA Zip Code 90041	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name Sen. BARBARA BOXER	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN GEORGE MILLER	Transaction ID: SB23.10013 Date of Disbursement																			
	Mailing Address 228 SECOND STREET SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	7		2	0	1	0												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Rep. GEORGE MILLER	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ELEANOR HOLMES NORTON	Transaction ID: SB23.10048 Date of Disbursement																			
	Mailing Address C/O DCCC 430 S CAPITOL ST SE 2ND FLOOR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	1	0												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Rep. ELEANOR HOLMES NORTON	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8000.00</td></tr></table>	8000.00
8000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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)

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<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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF	Transaction ID: SB23.9970 Date of Disbursement
	Mailing Address PO BOX 221585	<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City CHANTILLY State VA Zip Code 20153	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name Rep. FRANK R WOLF	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF	Transaction ID: SB23.9990 Date of Disbursement
	Mailing Address PO BOX 221585	<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City CHANTILLY State VA Zip Code 20153	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name Rep. FRANK R WOLF	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF	Transaction ID: SB23.10042 Date of Disbursement
	Mailing Address PO BOX 221585	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City CHANTILLY State VA Zip Code 20153	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name Rep. FRANK R WOLF	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# 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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF FRANK WOLF</b>  Mailing Address <b>PO BOX 221585</b>  City <b>CHANTILLY</b> State <b>VA</b> Zip Code <b>20153</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name Rep. <b>FRANK R WOLF</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>10</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.10056</b> Date of Disbursement 06 / 18 / 2010  Amount of Each Disbursement this Period 2000.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF MAZIE HIRONO</b>  Mailing Address <b>PO BOX 677</b>  City <b>HONOLULU</b> State <b>HI</b> Zip Code <b>96809</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name Rep. <b>MAZIE HIRONO</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>HI</b> District: <b>02</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.10014</b> Date of Disbursement 06 / 07 / 2010  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HELLER FOR CONGRESS</b>  Mailing Address <b>PO BOX 7237</b>  City <b>RENO</b> State <b>NV</b> Zip Code <b>89510</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name <b>DEAN HELLER</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NV</b> District: <b>02</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.10024</b> Date of Disbursement 06 / 07 / 2010  Amount of Each Disbursement this Period 3000.00  011 Category/ Type

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

**6000.00**

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

**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE	Transaction ID: SB23.10036 Date of Disbursement 06 / 07 / 2010
	Mailing Address PO BOX 87	Amount of Each Disbursement this Period 1000.00
	City UWCHLAND State PA Zip Code 19480	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JIM GERLACH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS	Transaction ID: SB23.10040 Date of Disbursement 06 / 07 / 2010
	Mailing Address P O BOX 10986	Amount of Each Disbursement this Period 5000.00
	City ROCK HILL State SC Zip Code 29731	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JOHN SPRATT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS	Transaction ID: SB23.10057 Date of Disbursement 06 / 18 / 2010
	Mailing Address 401 9THE STREET NW SUITE 725	Amount of Each Disbursement this Period 1000.00
	City NORTH WASHINGTON State DC Zip Code 20004	
	Purpose of Disbursement CONTRIBUTION Candidate Name RON KIND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

7000.00

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

**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

A.	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS	Transaction ID: SB23.10035 Date of Disbursement 06 / 07 / 2010
	Mailing Address 320 KENARDEN DRIVE	Amount of Each Disbursement this Period 2000.00
	City HIGHLAND HEIGHTS State OH Zip Code 44143	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. STEVEN C LATOURETTE	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) LEONARD LANCE FOR CONGRESS	Transaction ID: SB23.10027 Date of Disbursement 06 / 07 / 2010
	Mailing Address PO BOX 225	Amount of Each Disbursement this Period 2000.00
	City COLONIA State NJ Zip Code 07067	
	Purpose of Disbursement CONTRIBUTION Candidate Name LEONARD LANCE	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: SB23.10052 Date of Disbursement 06 / 18 / 2010
	Mailing Address 209 PENNSYLVANIA AVENUE SE	Amount of Each Disbursement this Period 3000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. SANDER M LEVIN	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7000.00

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

**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b> Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS <hr/> Mailing Address C/O JAMIE MONTGOMERY 650 MYRTLE AVENUE <hr/> City THOROFARE State NJ Zip Code 08086 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. FRANK A, LOBIONDO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10025 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) MALONEY FOR CONGRESS <hr/> Mailing Address 24 E 93RD STREET <hr/> City NEW YORK State NY Zip Code 10128 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. CAROLYN MALONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10055 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) MCCOTTER FOR CONGRESS <hr/> Mailing Address 700 12TH STREET NW SUITE 700 <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. THADDEUS G MCCOTTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10050 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

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

5000.00

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



**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PA)

A.

Full Name (Last, First, Middle Initial)  
MIKULSKI FOR SENATE

Mailing Address PO BOX 13147

City State Zip Code  
BALTIMORE MD 21203

Purpose of Disbursement

CONTRIBUTION

011  
Category/  
Type

Candidate Name  
BARBARA A MIKULSKI

Office Sought:  House  
 Senate  
 President

State: MD District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9964  
Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
PASCRELL FOR CONGRESS

Mailing Address PO BOX 640

City State Zip Code  
TOTOWA NJ 07511

Purpose of Disbursement  
CONTRIBUTION

011  
Category/  
Type

Candidate Name  
Rep. BILL J PASCRELL, Jr.

Office Sought:  House  
 Senate  
 President

State: NJ District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.10030  
Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)  
PENNSYLVANIANS FOR KANJORSKI

Mailing Address 126 SOUTH FRANKLIN STREET

City State Zip Code  
WILKES-BARRE PA 18701

Purpose of Disbursement  
CONTRIBUTION

011  
Category/  
Type

Candidate Name  
PAUL E KANJORSKI

Office Sought:  House  
 Senate  
 President

State: PA District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.10039  
Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PETERS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.10023
	Mailing Address <b>PO BOX 226</b>	Date of Disbursement 06 / 07 / 2010
	City <b>BLOOMFIELD HILLS</b> State <b>MI</b> Zip Code <b>48303</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>GARY PETERS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MI</b> District: <b>09</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>011</b> Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ROBIN CARNAHAN FOR SENATE</b>	<b>Transaction ID:</b> SB23.10006
	Mailing Address <b>PO BOX 50378</b>	Date of Disbursement 06 / 07 / 2010
	City <b>ST LOUIS</b> State <b>MO</b> Zip Code <b>63105</b>	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>ROBIN ROBIN CARNAHAN</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>00</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>011</b> Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ROS-LEHTINEN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.9968
	Mailing Address <b>P.O. BOX 52-784</b>	Date of Disbursement 04 / 12 / 2010
	City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33152</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>ILEANA ROS-LEHTINEN</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>18</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>011</b> Category/ Type

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

**4000.00**

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

**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b>	Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS	Transaction ID: SB23.10022 Date of Disbursement
	Mailing Address PO BOX 100	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City BATTLE CREEK State MI Zip Code 49016	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name MARK HAMILTON SCHAUER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type <input type="text" value="2000.00"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: SB23.10043 Date of Disbursement
	Mailing Address PO BOX 1936	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name JOSEPH A SESTAK, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type <input type="text" value="5000.00"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON	Transaction ID: SB23.10053 Date of Disbursement
	Mailing Address PO BOX 822	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City CAPE GIRARDEAU State MO Zip Code 63702	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JO ANN EMERSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

<b>A.</b> Full Name (Last, First, Middle Initial) THE COMMITTEE TO RE-ELECT ED TOWNS <hr/> Mailing Address 203 RALPH AVE <hr/> City BROOKLYN State NY Zip Code 11233 Purpose of Disbursement CONTRIBUTION Candidate Name Rep. ED TOWNS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10032 Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) TIM BISHOP FOR CONGRESS <hr/> Mailing Address PO BOX 437 <hr/> City FARMINGVILLE State NY Zip Code 11738 Purpose of Disbursement CONTRIBUTION Candidate Name Rep. TIMOTHY BISHOP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10031 Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2010
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS <hr/> Mailing Address 10605 CONCORD STREET STE 202 <hr/> City KENSINGTON State MD Zip Code 20895 Purpose of Disbursement CONTRIBUTION Candidate Name Rep. CHRIS VAN HOLLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10021 Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2010
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011

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

9000.00

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

**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)

PAGE 37 / 37

<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 ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM  
(NARFE-PA)

A.

Full Name (Last, First, Middle Initial)

WOOLSEY FOR CONGRESS

Mailing Address P.O. BOX 750176

City State Zip Code  
PETALUMA CA 94975

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
LYNN WOOLSEY

Office Sought:  House  
 Senate  
 President

State: CA District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.10012

Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

87000.00