

**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-PAC)

Full Name (Last, First, Middle Initial)

A. CHERI BUSTOS FOR CONGRESS

Mailing Address PO BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
CHERI BUSTOS

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : **SB23.11160**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CLAY JR FOR CONGRESS

Mailing Address PO BOX 4544

City SAINT LOUIS State MO Zip Code 63108

Purpose of Disbursement
CONTRIBUTION

010

Candidate Name
Rep. WILLIAM L CLAY Jr.

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : **SB23.11181**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVID PRICE FOR CONGRESS

Mailing Address P. O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
Rep. DAVID E PRICE

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2012

Transaction ID : **SB23.11115**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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