

# 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

Check if different than previously reported. (ACC) ALEXANDRIA VA 22314 1914

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00091561

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 24 2008 in the State of \_\_\_\_\_

5. Covering Period 10 16 2008 through 11 24 2008

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 12 03 2008

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		271319.72
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	609064.90									
(c) Total Receipts (from Line 19) .....	5806.17	804080.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	614871.07	1075400.64								
7. Total Disbursements (from Line 31) .....	168215.73	628745.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	446655.34	446655.34								
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: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	0.00	16296.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	5285.00	781843.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5285.00	798139.68
(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) .....	5285.00	798139.68
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	521.17	5941.24
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)) .....	5806.17	804080.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5806.17	804080.92

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	215.73	190745.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	215.73	190745.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	168000.00	438000.00
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))..	168215.73	628745.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	168215.73	628745.30

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	5285.00	798139.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5285.00	798139.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	215.73	190745.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	215.73	190745.30

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 44	
	(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 type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) BANK OF AMERICA		Date of Receipt
Mailing Address 3 DUPONT CIRCLE NW		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: SA17.9627
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="521.17"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		INTEREST INCOME
Aggregate Year-to-Date ▼ <input type="text" value="5941.24"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="521.17"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="521.17"/>

**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) BANK OF AMERICA	Transaction ID: SB21B.9612 Date of Disbursement
	Mailing Address 3 DUPONT CIRCLE NW	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES	<input type="text" value="161.71"/>
	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) BANK OF AMERICA	Transaction ID: SB21B.9613 Date of Disbursement
	Mailing Address 3 DUPONT CIRCLE NW	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD CHARGES	<input type="text" value="32.85"/>
	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.9620 Date of Disbursement
	Mailing Address 1150 CONRAD COURT	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City HAGERSTOWN State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement LOCKBOX EXPENSE	<input type="text" value="21.17"/>
	Candidate Name	<input type="text" value="003"/> 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="215.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="215.73"/>

**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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ANDRE CARSON FOR CONGRESS</p> <p>Mailing Address ONE N CAPITOL AVE SUITE 200</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ANDRE CARSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9429</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MICHAEL A ARCURI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9454</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BAKER FOR CONGRESS</p> <p>Mailing Address 201 N 10TH STREET SUITE 102</p> <p>City COLUMBIA State MO Zip Code 65201</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JUDITH W BAKER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9561</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

**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>BARBARA LEE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.9522 Date of Disbursement 10 / 31 / 2008	
	Mailing Address 1736 FRANKLIN ST SUITE 400		
	City OAKLAND State CA Zip Code 94612	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement CONTRIBUTION Candidate Name BARBARA LEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BETTY SUTTON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.9585 Date of Disbursement 10 / 31 / 2008	
	Mailing Address 1700 W. Market St. #155		
	City Akron State OH Zip Code 44313	Amount of Each Disbursement this Period 2000.00	
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BILL FOSTER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.9427 Date of Disbursement 10 / 22 / 2008	
	Mailing Address PO BOX 703		
	City GENEVA State IL Zip Code 60134	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement CONTRIBUTION Candidate Name G. WILLIAM (BIL FOSTER) Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 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)

A.

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

Transaction ID: SB23.9468

Date of Disbursement

Mailing Address 830 NE HOLLADAY , SUITE 105

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

City State Zip Code  
Portland OR 97232

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement

CONTRIBUTION

011
-----

Category/  
Type

Candidate Name  
EARL BLUMENAUER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

B.

Full Name (Last, First, Middle Initial)  
BOB ETHERIDGE FOR CONGRESS

Transaction ID: SB23.9463

Date of Disbursement

Mailing Address P O BOX 28001

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

City State Zip Code  
RALEIGH NC 27611-8001

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION

011
-----

Category/  
Type

Candidate Name  
Rep. BOB ETHERIDGE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

C.

Full Name (Last, First, Middle Initial)  
BOB LORD FOR CONGRESS

Transaction ID: SB23.9515

Date of Disbursement

Mailing Address 4340 E. Indian School  
Suite 21-502

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

City State Zip Code  
Phoenix AZ 85018

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
CONTRIBUTION

011
-----

Category/  
Type

Candidate Name  
ROBERT JAMES LORD

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AZ District: 03

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

5000.00
---------

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

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**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)  
**BRALEY FOR CONGRESS**

Mailing Address **PO BOX 390**

City **WATERLOO** State **IA** Zip Code **50704**

Purpose of Disbursement  
**CONTRIBUTION**

Candidate Name  
**BRUCE BRALEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: **IA** District: **01**

**Transaction ID:** SB23.9545  
**Date of Disbursement:** 10 / 31 / 2008

Amount of Each Disbursement this Period  
**1000.00**

Category/Type: **011**

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

Mailing Address **PO BOX 368**

City **ROSEVILLE** State **CA** Zip Code **95661**

Purpose of Disbursement  
**CONTRIBUTION**

Candidate Name  
**CHARLIE BROWN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: **CA** District: **04**

**Transaction ID:** SB23.9399  
**Date of Disbursement:** 10 / 22 / 2008

Amount of Each Disbursement this Period  
**2000.00**

Category/Type: **011**

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

Mailing Address **PO BOX 368**

City **ROSEVILLE** State **CA** Zip Code **95661**

Purpose of Disbursement  
**CONTRIBUTION**

Candidate Name  
**CHARLIE BROWN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: **CA** District: **04**

**Transaction ID:** SB23.9521  
**Date of Disbursement:** 10 / 31 / 2008

Amount of Each Disbursement this Period  
**2000.00**

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)

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITO FOR CONGRESS <hr/> Mailing Address PO BOX 11519 <hr/> City CHARLESTON State WV Zip Code 25339 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. SHELLEY MOORE CAPITO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9481 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00 <hr/> Category/Type 011
	<b>B.</b> Full Name (Last, First, Middle Initial) CAPITO FOR CONGRESS <hr/> Mailing Address PO BOX 11519 <hr/> City CHARLESTON State WV Zip Code 25339 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. SHELLEY MOORE CAPITO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS <hr/> Mailing Address PO BOX A <hr/> City CLARKS SUMMIT State PA Zip Code 18411 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. CHRISTOPHER CARNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9473 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/Type 011

**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) <b>CHILDERS FOR CONGRESS</b>  Mailing Address <b>PO BOX 177</b>  City <b>BOONEVILLE</b> State <b>MS</b> Zip Code <b>38829</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>TRAVIS W CHILDERS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MS</b> District: <b>01</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.9554</b> Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
B.	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR ALTMIRE</b>  Mailing Address <b>PO BOX 1776</b>  City <b>FREEDOM</b> State <b>PA</b> Zip Code <b>15042</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>Rep. JASON ALTMIRE</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>04</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.9472</b> Date of Disbursement 10 / 22 / 2008  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
C.	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR ELEANOR HOLMES NORTON</b>  Mailing Address <b>PO BOX 70626</b>  City <b>Washington</b> State <b>DC</b> Zip Code <b>20024</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>Rep. ELEANOR HOLMES NORTON</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>DC</b> District: <b>00</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.9527</b> Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 1000.00  011 Category/ Type

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

**3000.00**

**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) CITIZENS FOR TURNER	Transaction ID: SB23.9582 Date of Disbursement
	Mailing Address 131 N. Ludlow Street Suite 317	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Dayton State OH Zip Code 45402	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name MIKE TURNER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CLAY JR. FOR CONGRESS CAMP. COM.	Transaction ID: SB23.9559 Date of Disbursement
	Mailing Address P.O. BOX 4544	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City ST. LOUIS State MO Zip Code 63108	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name Rep. LACY CLAY, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE	Transaction ID: SB23.9494 Date of Disbursement
	Mailing Address 680 TRANSFER ROAD SUITE A	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="3000.00"/>
	Candidate Name NORM COLEMAN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <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)  
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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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT ARTUR DAVIS TO CONGRESS</b></p> <p>Mailing Address 1727 3RD AVENUE NORTH</p> <p>City BIRMINGHAM State AL Zip Code 35203-2001</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ARTUR G DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9607</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT MCHUGH</b></p> <p>Mailing Address PO BOX 6161</p> <p>City WATERTOWN State NY Zip Code 13601</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Sen. JOHN MCHUGH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9578</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT ED TOWNS</b></p> <p>Mailing Address 438 LEWIS AVENUE</p> <p>City BROOKLYN State NY Zip Code 11233</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Rep. EDOLPHUS TOWNS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9573</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

8000.00

**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) <b>CROWLEY FOR CONGRESS</b>	<b>Transaction ID: SB23.9572</b> Date of Disbursement 10 / 31 / 2008
	Mailing Address 422 C ST. NE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JOSEPH CROWLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>DAN MAFFEI FOR CONGRESS</b>	<b>Transaction ID: SB23.9459</b> Date of Disbursement 10 / 22 / 2008
	Mailing Address 628 S MAIN STREET	Amount of Each Disbursement this Period 1000.00
	City N SYRACUSE State NY Zip Code 13212	
	Purpose of Disbursement CONTRIBUTION Candidate Name DANIEL B MAFFEI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>DAN MAFFEI FOR CONGRESS</b>	<b>Transaction ID: SB23.9579</b> Date of Disbursement 10 / 31 / 2008
	Mailing Address 628 S MAIN STREET	Amount of Each Disbursement this Period 1000.00
	City N SYRACUSE State NY Zip Code 13212	
	Purpose of Disbursement CONTRIBUTION Candidate Name DANIEL B MAFFEI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3000.00

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



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

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Detailed Summary Page

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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) <b>DAN SEALS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.9537
	Mailing Address P.O. Box 584	Date of Disbursement 10 / 31 / 2008
	City Wilmette State IL Zip Code 60091	Amount of Each Disbursement this Period 2000.00
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) <b>DAVIS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.9424
	Mailing Address P.O. BOX 51267	Date of Disbursement 10 / 22 / 2008
	City CHICAGO State IL Zip Code 60651	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. DANNY K DAVIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) <b>DEBBIE HALVORSON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.9540
	Mailing Address 1395C MAIN ST	Date of Disbursement 10 / 31 / 2008
	City CRETE State IL Zip Code 60417	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. DEBORAH 'DEBBIE' HALVORSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

**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)  
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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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DEBBIE WASSERMAN-SCHULTZ FOR CONGRESS</b>  Mailing Address <b>PO BOX 71147</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20024</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>DEBBIE WASSERMAN-SCHULTZ</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>FL</b> District: <b>20</b>	<b>Transaction ID: SB23.9609</b> Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 2000.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DEGETTE FOR CONGRESS</b>  Mailing Address <b>P. O. BOX 61337</b>  City <b>DENVER</b> State <b>CO</b> Zip Code <b>80206</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>Rep. DIANA L DEGETTE</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>CO</b> District: <b>01</b>	<b>Transaction ID: SB23.9416</b> Date of Disbursement 10 / 22 / 2008  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DELAHUNT FOR CONGRESS COMMITTEE</b>  Mailing Address <b>332 VICTORY ROAD</b>  City <b>QUINCY</b> State <b>MA</b> Zip Code <b>02171</b> Purpose of Disbursement <b>CONTRIBUTION</b> Candidate Name <b>WILLIAM D DELAHUNT</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>MA</b> District: <b>10</b>	<b>Transaction ID: SB23.9441</b> Date of Disbursement 10 / 22 / 2008  Amount of Each Disbursement this Period 1000.00  011 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)

PAGE 19 / 44

<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) DENNIS CARDOZA FOR CONGRESS <hr/> Mailing Address PO BOX 2749 <hr/> City MERCED State CA Zip Code 95344 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DENNIS CARDOZA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9487 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) DIANE WATSON FOR CONGRESS <hr/> Mailing Address 4322 WILSHIRE BOULEVARD #205 <hr/> City LOS ANGELES State CA Zip Code 90010 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DIANE E WATSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9411 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) DOGGETT FOR CONGRESS <hr/> Mailing Address P. O. BOX 5843 <hr/> City AUSTIN State TX Zip Code 78763 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. LLOYD A DOGGETT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9476 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type: 011

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

3000.00

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

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

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FOR LINE NUMBER:  
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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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DONNELLY FOR CONGRESS	Transaction ID: SB23.9544 Date of Disbursement 10 / 31 / 2008
	Mailing Address P.O. Box 1961	Amount of Each Disbursement this Period 1000.00
	City South Bend State IN Zip Code 46634	
	Purpose of Disbursement CONTRIBUTION Candidate Name JOE DONNELLY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS	Transaction ID: SB23.9464 Date of Disbursement 10 / 22 / 2008
	Mailing Address 3741 GLENMORE AVENUE	Amount of Each Disbursement this Period 1000.00
	City CINCINNATI State OH Zip Code 45211	
	Purpose of Disbursement CONTRIBUTION Candidate Name STEVEN LEO DRIEHAUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 01	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) DUNCAN FOR CONGRESS	Transaction ID: SB23.9594 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO BOX 2646	Amount of Each Disbursement this Period 1000.00
	City KNOXVILLE State TN Zip Code 37901	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JOHN DUNCAN, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02	011 Category/ Type

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

3000.00

**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 21 / 44

<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)  
FRELINGHUYSEN FOR CONGRESS

Mailing Address PO BOX 826

City MORRISTOWN State NJ Zip Code 07963

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
RODNEY P. FRELINGHUYSEN

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: NJ District: 11

Transaction ID: SB23.9446

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF BILL POSEY

Mailing Address 2525 AURORA RD  
SUITE 102

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
BILL POSEY

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: FL District: 15

Transaction ID: SB23.9528

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF GORDON SMITH

Mailing Address 4949 MEADOWS RD  
SUITE 625

City LAKE OSWEGO State OR Zip Code 97035

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
GORDON HAROLD SMITH

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.9503

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

2000.00

**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)

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JANE HARMAN

Mailing Address PO BOX 96

City TORRANCE State CA Zip Code 90507

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
JANE HARMAN

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 36

Transaction ID: SB23.9413

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JAY ROCKEFELLER

Mailing Address POST OFFICE BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
Sen. JAY ROCKEFELLER

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.9397

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOE BACA

Mailing Address P. O. BOX 362

City SAN BERNARDINO State CA Zip Code 92402

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
Rep. JOE BACA

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 43

Transaction ID: SB23.9415

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) FRIENDS OF JOHN TANNER <hr/> Mailing Address PO BOX 1994 <hr/> City UNION CITY State TN Zip Code 38281 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JOHN S. TANNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9598 Date of Disbursement 10 / 31 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs <hr/> Mailing Address PO Box 23940 <hr/> City Santa Barbara State CA Zip Code 93121 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. LOIS G CAPPs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9409 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER <hr/> Mailing Address 1029 NORTH ROYAL STREET <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MARK R WARNER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9394 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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) <b>FRIENDS OF ROSA DELAURO</b>	<b>Transaction ID:</b> SB23.9417 Date of Disbursement 10 / 22 / 2008	
	Mailing Address 12 TRUMBULL STREET 2ND FLOOR		
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement CONTRIBUTION Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF TIM JOHNSON</b>	<b>Transaction ID:</b> SB23.9541 Date of Disbursement 10 / 31 / 2008	
	Mailing Address PO BOX 17097		
	City URBANA State IL Zip Code 61803	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. TIM JOHNSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>GERRY CONNOLLY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.9600 Date of Disbursement 10 / 31 / 2008	
	Mailing Address PO BOX 563		
	City MERRIFIELD State VA Zip Code 22116	Amount of Each Disbursement this Period 3000.00	
	Purpose of Disbursement CONTRIBUTION Candidate Name GERRY CONNOLLY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) GOODE FOR CONGRESS	Transaction ID: SB23.9477 Date of Disbursement 10 / 22 / 2008
	Mailing Address 235 SOUTH MAIN STREET	Amount of Each Disbursement this Period 2000.00
	City ROCKY MOUNT State VA Zip Code 24151	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name VIRGIL GOODE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) HAGAN SENATE COMMITTEE	Transaction ID: SB23.9497 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO BOX 29103	Amount of Each Disbursement this Period 3000.00
	City GREENSBORO State NC Zip Code 27429	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name KAY R HAGAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS	Transaction ID: SB23.9565 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO BOX 750580	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89136	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name DEAN HELLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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) HIGGINS FOR CONGRESS <hr/> Mailing Address 1177 ABBOTT RD <hr/> City BUFFALO State NY Zip Code 14220 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name BRIAN HIGGINS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9580 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 33027 <hr/> City SEATTLE State WA Zip Code 98133 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Mr. JAY R INSLEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9478 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JACKIE FOR CONGRESS <hr/> Mailing Address PO BOX 112 <hr/> City BURLINGAME State CA Zip Code 94011 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JACKIE SPEIER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9402 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

**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) JIM ESCH FOR CONGRESS	Transaction ID: SB23.9562 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO BOX 241117	Amount of Each Disbursement this Period 1000.00
	City OMAHA State NE Zip Code 68124	
	Purpose of Disbursement CONTRIBUTION Candidate Name JAMES D ESCH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 02	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) JIM MARSHALL FOR CONGRESS	Transaction ID: SB23.9422 Date of Disbursement 10 / 22 / 2008
	Mailing Address PO BOX 125	Amount of Each Disbursement this Period 2000.00
	City MACON State GA Zip Code 31202	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JIM MARSHALL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 08	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.9421 Date of Disbursement 10 / 22 / 2008
	Mailing Address 471 NELSON STREET	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30313	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JOHN H LEWIS, Sr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 05	011 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)

PAGE 28 / 44

<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)  
JOHN SARBANES FOR CONGRESS

Mailing Address P.O. BOX 6854

City TOWSON State MD Zip Code 21285

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN SARBANES

Office Sought:  House  
 Senate  
 President

State: MD District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9549

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
KAGEN 4 CONGRESS

Mailing Address 100 W. College Ave.  
STE 50 D

City Appleton State WI Zip Code 54911

Purpose of Disbursement CONTRIBUTION

Candidate Name Rep. STEVEN L KAGEN

Office Sought:  House  
 Senate  
 President

State: WI District: 08

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9604

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
KETNER FOR CONGRESS

Mailing Address 900 Johnnie Dodds Blvd - Suite 103

City Mt. Pleasant State SC Zip Code 29464

Purpose of Disbursement CONTRIBUTION

Candidate Name LINDA KETNER

Office Sought:  House  
 Senate  
 President

State: SC District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9591

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

2000.00

**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)

PAGE 29 / 44

<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>KILROY FOR CONGRESS</b>  Mailing Address <b>271 EAST STATE STREET</b>  City <b>Columbus</b> State <b>OH</b> Zip Code <b>43215</b> Purpose of Disbursement CONTRIBUTION Candidate Name <b>MARY JO KILROY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>15</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.9465</b> Date of Disbursement 10 / 22 / 2008  Amount of Each Disbursement this Period 1000.00  011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>KOSMAS FOR CONGRESS</b>  Mailing Address <b>PO Box 1547</b>  City <b>New Smyrna Beach</b> State <b>FL</b> Zip Code <b>32170</b> Purpose of Disbursement CONTRIBUTION Candidate Name <b>SUZANNE KOSMAS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>24</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.9533</b> Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 1000.00  011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KRATOVIL FOR CONGRESS</b>  Mailing Address <b>PO BOX 518</b>  City <b>STEVENSVILLE</b> State <b>MD</b> Zip Code <b>21666</b> Purpose of Disbursement CONTRIBUTION Candidate Name <b>FRANK M KRATOVIL, Jr.</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MD</b> District: <b>01</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.9548</b> Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 2000.00  011 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)

PAGE 30 / 44

<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) KUHL FOR CONGRESS <hr/> Mailing Address P. O. BOX 329 <hr/> City BATH State NY Zip Code 14810 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. RANDY KUHL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9462 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS <hr/> Mailing Address PO BOX 261172 <hr/> City HARTFORD State CT Zip Code 06126 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOHN B LARSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9525 Date of Disbursement 10 / 31 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) LAUTENBERG FOR SENATE <hr/> Mailing Address ONE GATEWAY CENTER SUITE 302 <hr/> City NEWARK State NJ Zip Code 07102 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name FRANK R LAUTENBERG Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9391 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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) <b>LEVIN FOR CONGRESS</b>  Mailing Address <b>8322 E. 12 MILE ROAD</b>  City <b>WARREN</b> State <b>MI</b> Zip Code <b>48093</b> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. SANDER M LEVIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MI</b> District: <b>12</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.9444 Date of Disbursement 10 / 22 / 2008  Amount of Each Disbursement this Period 1000.00 011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>LOBIONDO FOR CONGRESS</b>  Mailing Address <b>PO BOX 550</b>  City <b>VINELAND</b> State <b>NJ</b> Zip Code <b>08362</b> 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: <b>NJ</b> District: <b>02</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.9570 Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 1000.00 011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>LUCILLE ROYBAL-ALLARD FOR CONGRESS</b>  Mailing Address <b>P.O. Box 582</b>  City <b>Kensington</b> State <b>MD</b> Zip Code <b>20895</b> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. LUCILLE ROYBAL-ALLARD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>34</b> Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.9524 Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 1000.00 011 Category/ Type	

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

**3000.00**

**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) MARION BERRY FOR CONGRESS	Transaction ID: SB23.9398 Date of Disbursement																			
	Mailing Address P.O. BOX 8084	<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>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	0	8												
	City JONESBORO State AR Zip Code 72403	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. MARION BERRY	<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: AR District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) MARKEY FOR CONGRESS	Transaction ID: SB23.9526 Date of Disbursement																			
	Mailing Address PO Box 1333	<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>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	3	1	/	2	0	0	8												
	City Fort Collins State CO Zip Code 80522	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 ELIZABETH HELEN MARKEY	<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: CO District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) MARK PRYOR FOR US SENATE	Transaction ID: SB23.9388 Date of Disbursement																			
	Mailing Address 301 S VICTORY ST	<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>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	0	8												
	City LITTLE ROCK State AR Zip Code 72201	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 MARK LUNSFORD PRYOR	<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: AR District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		
<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)

PAGE 33 / 44

<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>MARSHALL FOR CONGRESS</b>	<b>Transaction ID: SB23.9536</b> Date of Disbursement 10 / 31 / 2008
	Mailing Address <b>586 ORANGE STREET</b>	Amount of Each Disbursement this Period <b>3000.00</b>
	City <b>MACON</b> State <b>GA</b> Zip Code <b>31201</b>	
	Purpose of Disbursement <b>CONTRIBUTION</b>	<b>011</b> Category/ Type
	Candidate Name <b>Rep. JIM MARSHALL</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>GA</b> District: <b>08</b>	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MARTIN FOR SENATE</b>	<b>Transaction ID: SB23.9490</b> Date of Disbursement 10 / 31 / 2008
	Mailing Address <b>PO BOX 7219</b>	Amount of Each Disbursement this Period <b>2000.00</b>
	City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30357</b>	
	Purpose of Disbursement <b>CONTRIBUTION</b>	<b>011</b> Category/ Type
	Candidate Name <b>JAMES FRANCIS MARTIN</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>GA</b> District: <b>00</b>	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MARTIN HEINRICH FOR CONGRESS</b>	<b>Transaction ID: SB23.9450</b> Date of Disbursement 10 / 22 / 2008
	Mailing Address <b>2118 CENTRAL AVE SE #71</b>	Amount of Each Disbursement this Period <b>2000.00</b>
	City <b>ALBUQUERQUE</b> State <b>NM</b> Zip Code <b>87106</b>	
	Purpose of Disbursement <b>CONTRIBUTION</b>	<b>011</b> Category/ Type
	Candidate Name <b>MARTIN HEINRICH</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>NM</b> District: <b>01</b>	

**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)  
MCCOLLUM FOR CONGRESS

Mailing Address PO BOX 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement CONTRIBUTION

Candidate Name Rep. BETTY MCCOLLUM

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9555  
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 236 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CONTRIBUTION

Candidate Name MICHAEL MCMAHON

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

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9574  
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MCNERNEY FOR CONGRESS

Mailing Address PO BOX 12022

City PLEASANTON State CA Zip Code 94588

Purpose of Disbursement CONTRIBUTION

Candidate Name Rep. JERRY MCNERNEY

Office Sought:  House  Senate  President  
State: CA District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9401  
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

2000.00

**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)

**A.** Full Name (Last, First, Middle Initial)  
MELISSA BEAN FOR CONGRESS

Mailing Address P.O. BOX 3068

City BARRINGTON State IL Zip Code 60011

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
MELISSA LUBURICH BEAN

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.9425

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
MIKE ROSS FOR CONGRESS CAMPAIGN

Mailing Address PO BOX 360

City PRESCOTT State AR Zip Code 71857

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
Rep. MICHAEL ROSS

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: AR District: 04

Transaction ID: SB23.9520

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MINNICK FOR CONGRESS

Mailing Address PO BOX 306

City Boise State ID Zip Code 83701

Purpose of Disbursement CONTRIBUTION

011  
Category/  
Type

Candidate Name  
WALTER CLIFFORD MINNICK

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: ID District: 01

Transaction ID: SB23.9423

Date of Disbursement

10 / 22 / 2008

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) ..... ▶

# 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 36 / 44

<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) MURPHY FOR CONGRESS	Transaction ID: SB23.9419 Date of Disbursement 10 / 22 / 2008
	Mailing Address PO BOX 127	Amount of Each Disbursement this Period 1000.00
	City CHESHIRE State CT Zip Code 06410	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER S MR. MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	
<b>B.</b>	Full Name (Last, First, Middle Initial) NANCY BOYDA FOR CONGRESS	Transaction ID: SB23.9546 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO Box 1474	Amount of Each Disbursement this Period 1000.00
	City Topeka State KS Zip Code 66601	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. NANCY E BOYDA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 02	
<b>C.</b>	Full Name (Last, First, Middle Initial) PARKER GRIFFITH FOR CONGRESS	Transaction ID: SB23.9506 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO BOX 2916	Amount of Each Disbursement this Period 1000.00
	City Huntsville State AL Zip Code 35804	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name R PARKER GRIFFITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	

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

3000.00

**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 / 44

<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) PASTOR FOR ARIZONA 2008	Transaction ID: SB23.9518 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO Box 1978	Amount of Each Disbursement this Period 1000.00
	City Phoenix State AZ Zip Code 85001	
	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. EDWARD L PASTOR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL HODES FOR CONGRESS	Transaction ID: SB23.9567 Date of Disbursement 10 / 31 / 2008
	Mailing Address 26 SOUTH MAIN STREET, #253	Amount of Each Disbursement this Period 1000.00
	City Concord State NH Zip Code 03301	
	Purpose of Disbursement CONTRIBUTION Candidate Name PAUL W HODES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) PENNSYLVANIANS FOR KANJORSKI	Transaction ID: SB23.9590 Date of Disbursement 10 / 31 / 2008
	Mailing Address 126 SOUTH FRANKLIN STREET	Amount of Each Disbursement this Period 2000.00
	City WILKES-BARRE State PA Zip Code 18701	
	Purpose of Disbursement CONTRIBUTION Candidate Name PAUL E KANJORSKI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 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) PETE KING FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 1428 <hr/> City SEAFORD State NY Zip Code 11783 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name PETER KING Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9571 Date of Disbursement 10 / 31 / 2008
	Amount of Each Disbursement this Period 3000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS <hr/> Mailing Address PO BOX 226 <hr/> City BLOOMFIELD State MI Zip Code 48303 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name GARY PETERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9443 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS <hr/> Mailing Address PO Box 26087 <hr/> City Las Vegas State NV Zip Code 89126 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. JON PORTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9445 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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) <b>PORTER FOR CONGRESS</b>  Mailing Address <b>PO Box 26087</b>  City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89126</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name Rep. JON PORTER  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NV</b> District: <b>03</b>  Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.9566 Date of Disbursement <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>  Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>  Category/ Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8	1000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		3	1		2	0	0	8															
1000.00																								
011																								
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PRICE FOR CONGRESS COMMITTEE</b>  Mailing Address <b>PO BOX 1986</b>  City <b>RALEIGH</b> State <b>NC</b> Zip Code <b>27602</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name Rep. DAVID E PRICE  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NC</b> District: <b>01</b>  Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.9581 Date of Disbursement <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>  Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>  Category/ Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8	1000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		3	1		2	0	0	8															
1000.00																								
011																								
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>RE-ELECT CONGRESSMAN KUCINICH CAM</b>  Mailing Address <b>PO BOX 110475</b>  City <b>CLEVELAND</b> State <b>OH</b> Zip Code <b>44111</b>  Purpose of Disbursement CONTRIBUTION  Candidate Name DENNIS J KUCINICH  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>10</b>  Disbursement For: <b>2008</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.9583 Date of Disbursement <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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>  Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>  Category/ Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8	1000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		3	1		2	0	0	8															
1000.00																								
011																								

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

<b>3000.00</b>
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**TOTAL** This Period (last page this line number only) ..... ▶

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**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD NEAL FOR CONGRESS	Transaction ID: SB23.9436 Date of Disbursement 10 / 22 / 2008
	Mailing Address 78 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 1000.00
	City SPRINGFIELD State MA Zip Code 01108	Purpose of Disbursement CONTRIBUTION Candidate Name Rep. RICHARD E NEAL Category/Type 011
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS	Transaction ID: SB23.9550 Date of Disbursement 10 / 31 / 2008
	Mailing Address PO BOX 100	Amount of Each Disbursement this Period 3000.00
	City BATTLE CREEK State MI Zip Code 49016	Purpose of Disbursement CONTRIBUTION Candidate Name MARK HAMILTON SCHAUER Category/Type 011
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS	Transaction ID: SB23.9410 Date of Disbursement 10 / 22 / 2008
	Mailing Address 35 S RAYMOND AVE SUITE 204	Amount of Each Disbursement this Period 1000.00
	City PASADENA State CA Zip Code 91105	Purpose of Disbursement CONTRIBUTION Candidate Name ADAM SCHIFF Category/Type 011
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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) SERRANO FOR CONGRESS	Transaction ID: SB23.9575 Date of Disbursement 10 / 31 / 2008
	Mailing Address AUDOBON STATION P.O. BOX 711	Amount of Each Disbursement this Period 2000.00
	City NEW YORK	State NY
	Zip Code 10032	
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name JOSEPH SERRANO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 16	
B.	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: SB23.9587 Date of Disbursement 10 / 31 / 2008
	Mailing Address P.O. Box 16	Amount of Each Disbursement this Period 1000.00
	City Media	State PA
	Zip Code 19063	
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name JOSEPH A. JR. SESTAK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 07	
C.	Full Name (Last, First, Middle Initial) STEPHEN F LYNCH FOR CONGRESS	Transaction ID: SB23.9438 Date of Disbursement 10 / 22 / 2008
	Mailing Address 105 Farragut Road	Amount of Each Disbursement this Period 1000.00
	City BOSTON	State MA
	Zip Code 02127	
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name STEPHEN F LYNCH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MA District: 09	

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)

PAGE 42 / 44

<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) TEAM EMERSON FOR JO ANN EMERSON <hr/> Mailing Address PO BOX 822 <hr/> City CAPE GIRARDEAU State MO Zip Code 63702 <hr/> 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9560 Date of Disbursement 10 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00 <hr/> 011 Category/Type
	<b>B.</b> Full Name (Last, First, Middle Initial) THE PEOPLE FOR ENGLISH <hr/> Mailing Address PO BOX 1940 <hr/> City ERIE State PA Zip Code 16507 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Rep. PHILIP S ENGLISH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) TIM BISHOP FOR CONGRESS <hr/> Mailing Address 280 S MIDDLE COUNTRY ROAD <hr/> City SELDEN State NY Zip Code 11784 <hr/> 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9453 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/Type

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

7000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)  
TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement

CONTRIBUTION

Category/  
Type

Candidate Name  
TIM MURPHY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Transaction ID: SB23.9474

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TIM RYAN FOR CONGRESS

Mailing Address 1600 ROOSEVELT AVE

City NILES State OH Zip Code 44446

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
Rep. TIMOTHY RYAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 17

Transaction ID: SB23.9586

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
TINKLENBERG FOR CONGRESS

Mailing Address 9380 CNETRAL AVENUE NE

City BLAINE State MN Zip Code 55434

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
ELWYN GLENN TINKLENBERG

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Transaction ID: SB23.9556

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

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(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)

UDALL FOR COLORADO

Mailing Address PO BOX 40158

City DENVER State CO Zip Code 80204

Purpose of Disbursement

CONTRIBUTION

011  
Category/  
Type

Candidate Name  
Rep. MARK UDALL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.9489

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

WELCH FOR CONGRESS

Mailing Address P. O. BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement

CONTRIBUTION

011  
Category/  
Type

Candidate Name  
PETER WELCH

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Transaction ID: SB23.9599

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

YARMUTH FOR CONGRESS

Mailing Address 900 East Market Street

City Louisville State KY Zip Code 40206

Purpose of Disbursement

CONTRIBUTION

011  
Category/  
Type

Candidate Name  
JOHN A MR YARMUTH

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District: 03

Transaction ID: SB23.9433

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

3000.00

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

7000.00

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

168000.00