

**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 Fuel Gas Company Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**JOHN A. BOEHNER**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2015

Transaction ID : **SB23.8375**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**JOHN A. BOEHNER**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 23 / 2015

Transaction ID : **SB23.8376**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR CONGRESS**

Mailing Address P.O. BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**CHRISTOPHER C COLLINS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2015

Transaction ID : **SB23.8408**

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)..... ▶