

**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 Pro-Life Alliance PAC**

Full Name (Last, First, Middle Initial)

**A. WENSTRUP FOR CONGRESS**

Mailing Address 512 MISSOURI AVE

City CINCINNATI State OH Zip Code 45226

Purpose of Disbursement

011

Candidate Name  
**BRAD WENSTRUP**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : **SB23.23677**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**B. WESTMORELAND FOR CONGRESS**

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement

011

Candidate Name  
**LYNN A. WESTMORELAND**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : **SB23.23908**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C. WOMACK FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

Purpose of Disbursement

011

Candidate Name  
**STEVE WOMACK**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AR District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : **SB23.23737**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1500.00
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