

**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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)

**A. NELSON 2012**

Mailing Address PO BOX 8666

City OMAHA State NE Zip Code 68108

Purpose of Disbursement  
Political contribution

011

Candidate Name  
**E BENJAMIN NELSON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NE District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2011

Transaction ID : SB23.4489

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. PAT ROBERTS FOR U S SENATE INC**

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement  
Political contribution

011

Candidate Name  
**PAT ROBERTS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2011

Transaction ID : SB23.4525

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SCOTT BROWN FOR US SENATE COMMITTEE INC**

Mailing Address P.O. BOX 395

City WRENTHAM State MA Zip Code 02903

Purpose of Disbursement  
Political contribution

011

Candidate Name  
**SCOTT P BROWN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MA District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

Transaction ID : SB23.4518

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)..... ▶