

**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 Committee to Preserve Social Security & Medicare PAC**

Full Name (Last, First, Middle Initial)

**A. Cicilline Committee**

Mailing Address 236 Hope Street

City Providence State RI Zip Code 02906

Purpose of Disbursement  
DEBT RETIREMENT

011

Category/  
Type

Candidate Name

**Rep. David N. Cicilline**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2012

**Transaction ID : 20544110**

Amount of Each Disbursement this Period

1000.00

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**B. Alaskans For Begich 2014**

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

011

Category/  
Type

Candidate Name

**Mr. Mark Begich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2012

**Transaction ID : 20544111**

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Udall for Us All**

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

011

Category/  
Type

Candidate Name

**Hon. Tom Udall**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2012

**Transaction ID : 20544112**

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

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

3000.00

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