

# 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)

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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 Committee to Preserve Social Security & Medicare PAC

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Committee, The</b>		<b>Transaction ID:</b> 14571154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address PO Box 1454		Amount of Each Disbursement this Period 1000.00 Contribution
City Lowell State MA Zip Code 01853	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Nicola Tsongas		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	

Full Name (Last, First, Middle Initial) <b>B. Cardin for Senate</b>		<b>Transaction ID:</b> 14572597 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Ben Cardin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 US PRIMARY ELEC	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Phil Hare</b>		<b>Transaction ID:</b> 14572599 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 313 17th Street P.O. Box 4183		Amount of Each Disbursement this Period 1000.00 Contribution
City Rock Island State IL Zip Code 61202	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Philip Hare		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....