

**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 Association of Realtors Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARTHA ROBY FOR CONGRESS

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
VOID -MARTHA ROBY FOR CONGRESS

Candidate Name

Rep. Martha Roby

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2015			

Transaction ID : B55349D5B63AE4856BED

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. MARTHA ROBY FOR CONGRESS

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement

Candidate Name

Rep. Martha Roby

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : B1C032361BAA4477DBDD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MOBROOKSFORCONGRESS.COM

Mailing Address 7610 FOXFIRE DRIVE

City HUNTSVILLE State AL Zip Code 35802

Purpose of Disbursement

Candidate Name

Rep. Mo Brooks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : B5FA2729887E8465BBCD

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

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