

**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)
CC SERVICES INC COUNTRY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ACLIPAC ACLIPAC	Transaction ID: SB23.9517 Date of Disbursement 06 / 29 / 2011
	Mailing Address 101 Constitution Ave, NW, Suite 700	Amount of Each Disbursement this Period 5000.00
	City Washington D.C. State DC Zip Code 20002-2133	
	Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NAIFA-IFAPAC NAIFA-IFAPAC	Transaction ID: SB23.9518 Date of Disbursement 06 / 29 / 2011
	Mailing Address 2901 Telestar Court	Amount of Each Disbursement this Period 5000.00
	City Falls Church State VA Zip Code 22042	
	Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US CHAMBER OF COMMERCE	Transaction ID: SB23.9519 Date of Disbursement 06 / 29 / 2011
	Mailing Address 1615 H STREET NW	Amount of Each Disbursement this Period 5000.00
	City WASHINGTON State DC Zip Code 20062	
	Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	15000.00