

**SCHEDULE B (FEC Form 3)
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"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
David McFadden For Congress

A.	Full Name (Last, First, Middle Initial) Friends of Nan Hayworth		Transaction ID: SB21.4449	
	Mailing Address 51 Gleneida Avenue		Date of Disbursement 09 / 28 / 2010	
	City Carmel	State NY	Zip Code 10512	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
	Candidate Name David McFadden For Congress			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: NY	District: 19		

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00