

# 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)

<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)  
Friends of Bud Cramer

<p><b>A.</b> Full Name (Last, First, Middle Initial) Christine Jennings for Congress</p> <p>Mailing Address 8211 241st Street East</p> <p>City Myakka City State FL Zip Code 34251</p> <p>Purpose of Disbursement candidate-FL 13th District</p> <p>Candidate Name Christine Jennings for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> BC1E1B8DD60E042CDA46</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address Campaign Committee 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement transer of excess funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B19A4449F36B64D1DACE</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 50000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Arcuri for Congress</p> <p>Mailing Address P.O. Box 830</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement candidate, NY-24th District</p> <p>Candidate Name Arcuri for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B7FAB72415FB94AF894B</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

52000.00

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