

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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Norm Dicks for Congress

A. Full Name (Last, First, Middle Initial) City Club of Tacoma Mailing Address 1019 Pacific Ave City Tacoma State WA Zip Code 98402 Purpose of Disbursement Meeting Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D297528 Date of Disbursement 01 / 15 / 2009 Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type	[]

B. Full Name (Last, First, Middle Initial) City Club of Tacoma Mailing Address 1019 Pacific Ave City Tacoma State WA Zip Code 98402 Purpose of Disbursement Meeting Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D297522 Date of Disbursement 01 / 15 / 2009 Amount of Each Disbursement this Period 23.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type	[]

C. Full Name (Last, First, Middle Initial) Bank of America Mailing Address 950 Pacific Ave City Tacoma State WA Zip Code 98402-4400 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D297535 Date of Disbursement 01 / 15 / 2009 Amount of Each Disbursement this Period 1772.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type	[]

SUBTOTAL of Disbursements This Page (optional) ▶	1772.12
TOTAL This Period (last page this line number only) ▶	[]