

**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)
Giffords for Congress

Full Name (Last, First, Middle Initial) A. KLEIN FOR CONGRESS		Transaction ID: D127418 Date of Disbursement 10 / 27 / 2006
Mailing Address 21301 POWERLINE ROAD SUITE 204		Amount of Each Disbursement this Period 2000.00
City BOCA RATON State FL Zip Code 33433	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. PERLMUTTER FOR CONGRESS		Transaction ID: D127416 Date of Disbursement 10 / 27 / 2006
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 1000.00
City Wheat Ridge State CO Zip Code 80033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. TIM MAHONEY FOR FLORIDA		Transaction ID: D127417 Date of Disbursement 10 / 27 / 2006
Mailing Address 1128-408 ROYAL PALM BEACH BLVD		Amount of Each Disbursement this Period 1000.00
City ROYAL PALM BEACH State FL Zip Code 33411	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contributions Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶