

**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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Frank Scaturro for Congress

A. Full Name (Last, First, Middle Initial) Richard K Ronzetti <hr/> Mailing Address 164 Hampton Road <hr/> City Garden City State NY Zip Code 11530-1404 <hr/> Purpose of Disbursement Refund: Refund of General Election Contributions Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0F518DD43D204BC19D4 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 2400.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) James M. Orphanides <hr/> Mailing Address 35 Brearly Rd. <hr/> City Princeton State NJ Zip Code 08540-6767 <hr/> Purpose of Disbursement Refund: Refund of General Election Contributions Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD8DAE0975179452EA8C Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 2400.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Rosanne T Spinner <hr/> Mailing Address 36 Carole Avenue <hr/> City New Hyde Park State NY Zip Code 11040-1964 <hr/> Purpose of Disbursement Refund: Refund of General Election Contributions Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC499D3AD71254AE6960 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 2400.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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