

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)
RICH ASHOOH COMMITTEE

A.	Full Name (Last, First, Middle Initial) Hadi Elhage Mailing Address 5644 Westheimer #401 City Houston State TX Zip Code 77056 Purpose of Disbursement In-kind - Food and beverage; event expenses Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.4899 Date of Disbursement 03 / 30 / 2010 Amount of Each Disbursement this Period 2000.00 Category/Type 003
B.	Full Name (Last, First, Middle Initial) Ginger O'Brien Photography Mailing Address 130 Essex Street, Box 370B City South Hamilton State MA Zip Code 01982 Purpose of Disbursement Photography Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.4189 Date of Disbursement 01 / 25 / 2010 Amount of Each Disbursement this Period 300.00 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Hillsborough County GOP Mailing Address PO Box 1015 City Milford State NH Zip Code 03055 Purpose of Disbursement Advertising Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.4220 Date of Disbursement 03 / 03 / 2010 Amount of Each Disbursement this Period 250.00 Category/Type 004

SUBTOTAL of Disbursements This Page (optional) ▶	2550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)