

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democrats for the Future

A.

Full Name (Last, First, Middle Initial)
Joe Garcia for Congress

Transaction ID: 23-751
Date of Disbursement

Mailing Address PO Box 0595 Suite 102

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

City State Zip Code
Miami FL 33196

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Joe Garcia

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 25

B.

Full Name (Last, First, Middle Initial)
Jim Himes for Congress

Transaction ID: 23-753
Date of Disbursement

Mailing Address 65 High Ridge Road Box 456

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

City State Zip Code
Stamford CT 06905

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Jim Himes

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CT District: 04

C.

Full Name (Last, First, Middle Initial)
Kratovil for Congress

Transaction ID: 23-754
Date of Disbursement

Mailing Address 222 Main Sail Drive PO Box 518

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

City State Zip Code
Stevensville MD 21666

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Frank M Kratovil

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District: 01

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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