

**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)
Friends of Rahm Emanuel

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) CAROL SHEA-PORTER FOR CONGRESS <hr/> Mailing Address P.O. Box 453 <hr/> City Rochester State NH Zip Code 03866 <hr/> Purpose of Disbursement Contribution - Federal Candidate Candidate Name Carol Shea-Porter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D210786 Date of Disbursement 08 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/ Type |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS <hr/> Mailing Address PO BOX 563 <hr/> City MERRIFIELD State VA Zip Code 22116 <hr/> Purpose of Disbursement Contribution - Federal Candidate Candidate Name Gerry Connolly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D211006 Date of Disbursement 07 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/ Type |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 South Capitol Street, SE 2nd Floor <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name Democratic Congressional Campaign Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D208526 Date of Disbursement 09 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 75000.00 <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) ▶ | 79000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |