

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 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)
FRIENDS OF CHARLIE WILSON

A. JILL DERBY FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO BOX 1901 City MINDEN State NV Zip Code 89423 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.10096 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. KELLAM FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 56254 PO BOX 56254 City Virginia Beach State VA Zip Code 23456 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.10216 Date of Disbursement 11 / 06 / 2006 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
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C. KILROY FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 3391 N. High Street Ste 305 City Columbus State OH Zip Code 43202 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.10094 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____