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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A.
Full Name (Last, First, Middle Initial)
Brooke N Davis

Mailing Address 10110 NE 60th St
Apt 104

City: Kirkland
State: WA
Zip Code: 98033-7327

Purpose of Disbursement
Travel advance for DC trip

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: D2991
Date of Disbursement: 03 / 11 / 2005

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City: Washington
State: DC
Zip Code: 20003-4024

Purpose of Disbursement
First Quarter Dues

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: D2994
Date of Disbursement: 03 / 23 / 2005

Amount of Each Disbursement this Period: 12500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Department Of Labor And Industries

Mailing Address PO Box 34222

City: Seattle
State: WA
Zip Code: 98124-1222

Purpose of Disbursement
4th Quarter Worker's Comp

Candidate Name

Category/Type: 0D1

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: D2886
Date of Disbursement: 01 / 05 / 2005

Amount of Each Disbursement this Period: 262.22

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12862.22**

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