

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Kagen 4 Congress

A. Full Name (Last, First, Middle Initial) Express EMPS/First Data <hr/> Mailing Address PO Box 6600 <hr/> City Hagerstown State MD Zip Code 21741-6600 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D304285 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 28.70
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Express EMPS/First Data <hr/> Mailing Address PO Box 6600 <hr/> City Hagerstown State MD Zip Code 21741-6600 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D304286 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 41.25
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Express EMPS/First Data <hr/> Mailing Address PO Box 6600 <hr/> City Hagerstown State MD Zip Code 21741-6600 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D304287 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 17.52
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

87.47

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