

# 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 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)  
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Heller For Congress</b>		<b>Transaction ID:</b> 70406.E7965 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 7840 Red Leaf Drive		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
City Las Vegas State NV Zip Code 89131-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name DEAN HELLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John McCain 2008 Exploratory Committee</b>		<b>Transaction ID:</b> 70406.E8143 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 16118		Amount of Each Disbursement this Period 253.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  in-kind - mailing
City Arlington State VA Zip Code 22215-	Category/ Type	
Purpose of Disbursement IN-KIND - MAILING		
Candidate Name JOHN S MCCAIN		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: AZ District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John McCain 2008 Exploratory Committee</b>		<b>Transaction ID:</b> 70406.E8078 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 16118		Amount of Each Disbursement this Period 1746.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22215-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JOHN S MCCAIN		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: AZ District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....