

**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)

Friends of Senator Carl Levin

<p>A. Full Name (Last, First, Middle Initial) Daniel K. Inouye for Senate</p>		<p>Transaction ID: D248761 Date of Disbursement 02 / 08 / 2009</p>	
<p>Mailing Address 1088 Bishop Street Suite 1009</p>		<p>Amount of Each Disbursement this Period 2000.00</p>	
<p>City Honolulu State HI Zip Code 96813</p>	<p>Purpose of Disbursement Primary Campaign Contribution</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name Sen Daniel K. Inouye</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p>	
<p>State: HI District:</p>			

<p>B. Full Name (Last, First, Middle Initial) Daniel K. Inouye for Senate</p>		<p>Transaction ID: D248762 Date of Disbursement 02 / 08 / 2009</p>	
<p>Mailing Address 1088 Bishop Street Suite 1009</p>		<p>Amount of Each Disbursement this Period 2000.00</p>	
<p>City Honolulu State HI Zip Code 96813</p>	<p>Purpose of Disbursement General Campaign Contribution</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name Sen Daniel K. Inouye</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p>	
<p>State: HI District:</p>			

<p>C. Full Name (Last, First, Middle Initial) Evan Bayh Committee</p>		<p>Transaction ID: D248747 Date of Disbursement 02 / 08 / 2009</p>	
<p>Mailing Address 850 Fort Wayne Avenue</p>		<p>Amount of Each Disbursement this Period 2000.00</p>	
<p>City Indianapolis State IN Zip Code 46204</p>	<p>Purpose of Disbursement Primary Campaign Contribution</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name Senator Evan Bayh</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p>	
<p>State: IN District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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