

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREEK AMERICAN POLITICAL ACTION COMMITTEE (GREEKPAC)

Full Name (Last, First, Middle Initial) A. American Hellenic Institute, Inc.		Transaction ID: SB23.4427 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 1220 16th Street, NW		Amount of Each Disbursement this Period 300.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Inkind - List Expense		
Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BILIRAKIS FOR CONGRESS		Transaction ID: SB23.4395 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 610 S BOULEVARD		Amount of Each Disbursement this Period 1000.00
City TAMPA State FL Zip Code 33606	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name GUS MICHAEL BILIRAKIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COLEMAN FOR SENATE 08		Transaction ID: SB23.4370 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7
Mailing Address 7300 HUDSON BLVD SUITE 270A		Amount of Each Disbursement this Period 1000.00
City ST PAUL State MN Zip Code 55128	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name NORM COLEMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2300.00
TOTAL This Period (last page this line number only) ▶