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)
CORNILLES FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): CONSTANT CONTACT
Mailing Address: 1601 TRAPELO RD
City: WALTHAM State: MA Zip Code: 02451
Purpose of Disbursement: WEB SERVICE
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB17.5928.10
Date of Disbursement: 01 / 25 / 2010
Amount of Each Disbursement this Period: 50.00
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): US BANK
Mailing Address: PO BOX 790408
City: ST LOUIS State: MO Zip Code: 63179
Purpose of Disbursement: CREDIT CARD PAYMENT
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB17.5929
Date of Disbursement: 02 / 17 / 2010
Amount of Each Disbursement this Period: 844.26

C.
Full Name (Last, First, Middle Initial): HOLIDAY INNS
Mailing Address: FIVE POINTS
City: ATLANTA State: GA Zip Code: 30303
Purpose of Disbursement: TRAVEL
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB17.5929.0
Date of Disbursement: 02 / 17 / 2010
Amount of Each Disbursement this Period: 311.42
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **844.26**

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