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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Engel for Congress

A.
Full Name (Last, First, Middle Initial)
Chandler for Congress

Mailing Address PO Box 12678

City Lexington | State KY | Zip Code 40583-

Purpose of Disbursement
DONATION KENTUCKY 6TH

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
Primary / General
X Other (specify) ▼
Primary

Transaction ID: 51013.E2094
Date of Disbursement
07 / 27 / 2005

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Friends of Dennis Cardoza

Mailing Address 555 Capitol Mall
Ste 1425

City Sacramento | State CA | Zip Code 95814-

Purpose of Disbursement
DONATION CA-18

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary / General
Other (specify) ▼

Transaction ID: 51013.E2095
Date of Disbursement
07 / 27 / 2005

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Friends of Ellen Jaffe

Mailing Address xxx

City New City | State NY | Zip Code 10956-

Purpose of Disbursement
NON-FEDERAL DONATION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary / General
Other (specify) ▼

Transaction ID: 51013.E2120
Date of Disbursement
07 / 30 / 2005

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

TOTAL This Period (last page this line number only) ..... ▶ **3000.00**