

# 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)  
Lofgren for Congress

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

Mailing Address PO Box 56254

City Virginia Beach State VA Zip Code 23456

Purpose of Disbursement General-House-VA-02

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D2377  
**Date of Disbursement**  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	6

Amount of Each Disbursement this Period  

2000.00
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 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Linda Stender for Congress

Mailing Address P.O. Box 730

City Scotch Plains State NJ Zip Code 07076

Purpose of Disbursement General-House-NJ-07

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D2366  
**Date of Disbursement**  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Amount of Each Disbursement this Period  

1000.00
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 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Madrid for Congress

Mailing Address P.O. Box 25626

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement General-House-NM-01

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D2376  
**Date of Disbursement**  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Amount of Each Disbursement this Period  

2000.00
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 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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