

**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)

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Baird for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) PERRIELLO FOR CONGRESS <hr/> Mailing Address PO BOX 306 <hr/> City IVY State VA Zip Code 22945 <hr/> Purpose of Disbursement Contribution Candidate Name Thomas Stuart Price Perriello <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D356008 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b>
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) TIM BISHOP FOR CONGRESS <hr/> Mailing Address PO Box 437 <hr/> City Farmingville State NY Zip Code 11738 <hr/> Purpose of Disbursement Contribution Candidate Name Timothy H. Bishop <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D356011 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b>
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	4000.00