

# 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

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NAME OF COMMITTEE (In Full)  
Becerra for Congress

Full Name (Last, First, Middle Initial) <b>A. Kagen for Congress</b>		<b>Transaction ID:</b> D3671 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 100 West Lawrence St.		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
City Appleton State WI Zip Code 54911		
Purpose of Disbursement Contribution 2006 WI-H-08	Category/ Type	
Candidate Name Steve Kagen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kellam for Congress</b>		<b>Transaction ID:</b> D3665 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 56254		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
City Virginia Beach State VA Zip Code 23456		
Purpose of Disbursement Contribution 2006 VA-H-02	Category/ Type	
Candidate Name Phil Kellam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Klein for Congress</b>		<b>Transaction ID:</b> D3660 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 21301 Powerline Road, Suite 204		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
City Boca Raton State FL Zip Code 33433		
Purpose of Disbursement Contribution 2006 FL-H-22	Category/ Type	
Candidate Name Ron Klein		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....