

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)

PAGE 162 / 165

<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)
WALSH FOR CONGRESS COMMITTEE

A. Rudy Giuliani Presidential Committee Mailing Address 40 Fulton Street City New York State NY Zip Code 10038 Purpose of Disbursement POLITICAL DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D177-05iR01 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Town of Manlius Republican Committee Mailing Address 4890 Ledyard Drive City Manlius State NY Zip Code 13104 Purpose of Disbursement TRANSFER EXCESS CAMPAIGN Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D197-03iG06 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Town Of Onondaga Republican Committee Mailing Address 4273 Taunton Heights Drive City Syracuse State NY Zip Code 13219 Purpose of Disbursement TRANSFER EXCESS CAMPAIGN Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D199-03Fw0K Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	