

# 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)  
Nadler for Congress

Full Name (Last, First, Middle Initial) <b>A. Independent Neighborhood Democrats</b>		<b>Transaction ID: D1315</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 247 Smith St		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brooklyn State NY Zip Code 11231-4740	Purpose of Disbursement Annual Dinner Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John Salazar For Congress</b>		<b>Transaction ID: D60981</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address P.O. Box 1737		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 Alamosa State CO Zip Code 81101	Purpose of Disbursement Contribution Candidate Name John Salazar Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lambda Independent Democrats</b>		<b>Transaction ID: D2733</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address PO Box 150614		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brooklyn State NY Zip Code 11215-0614	Purpose of Disbursement Contribution - Brunch Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____