

**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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial)  
**A. Society American Cancer**

Mailing Address Relay for Life Stateline  
4312 E. State Street

City Rockford State IL Zip Code 61108-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50315.E9874  
Date of Disbursement  
03 / 08 / 2005

Amount of Each Disbursement this Period  
250.00

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

Full Name (Last, First, Middle Initial)  
**B. American Express**

Mailing Address World Financial Center  
200 Vesey Street

City New York State NY Zip Code 10285-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50125.E9782  
Date of Disbursement  
01 / 25 / 2005

Amount of Each Disbursement this Period  
300.00

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

Full Name (Last, First, Middle Initial)  
**C. Bob Beauprez For US Congress, CO-7**

Mailing Address PO Box 501

City Wheat Ridge State CO Zip Code 80034-0501

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50328.E9907  
Date of Disbursement  
03 / 16 / 2005

Amount of Each Disbursement this Period  
1000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1550.00**

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