

# 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)  
Arcuri for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>CAROL SHEA-PORTER FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 453</p> <p>City Rochester State NH Zip Code 03866</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Carol Shea-Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NH District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D141700</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>Children's Museum of Utica</b></p> <p>Mailing Address 311 Main Street</p> <p>City Utica State NY Zip Code 13501</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D142532</p> <p>Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 90.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>CARMOUCHE FOR CONGRESS INC</b></p> <p>Mailing Address 912 KINGS HIGHWAY</p> <p>City SHREVEPORT State LA Zip Code 71104</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Paul J. Carmouche</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D143263</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3090.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	