

**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)  
Linder for Congress

Full Name (Last, First, Middle Initial) <b>A. Christopher Shays for Congress</b>		<b>Transaction ID: 60810.E9563</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 98 East Avenue, Rear Building		Amount of Each Disbursement this Period 1000.00
City Norwalk State CT Zip Code 06851-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement U.S. HOUSE CT 4 Candidate Name	Category/Type	
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. Friends of Clay Shaw</b>		<b>Transaction ID: 60929.E9596</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 2188		Amount of Each Disbursement this Period 2000.00
City Fort Lauderdale State FL Zip Code 33303-2188	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement U.S. HOUSE FL 22 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. Gary Black for Secretary of Agriculture</b>		<b>Transaction ID: 60810.E9568</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 1700		Amount of Each Disbursement this Period 3000.00
City Commerce State GA Zip Code 30529-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GA SECRETARY OF AGRICULTURE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....