

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 checked="" 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 type="checkbox"/> | 21 |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
BOB BRADY FOR CONGRESS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Philadelphia Gay News | | Transaction ID: 60413.E1054 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 | |
| Mailing Address 505 South Fourth Street | | Amount of Each Disbursement this Period 297.68 | |
| City Philadelphia State PA Zip Code 19147- | Purpose of Disbursement ADVERTISEMENT Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | ADVERTISEMENT | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. NIA PAC | | Transaction ID: 60413.E1086 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 | |
| Mailing Address 1205 Locust Street Suite 100 | | Amount of Each Disbursement this Period 350.00 | |
| City Philadelphia State PA Zip Code 19107- | Purpose of Disbursement CONTRIBUTION Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | CONTRIBUTION | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Postmaster of Philadelphia | | Transaction ID: 60413.E1083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 | |
| Mailing Address 2955 Market Street | | Amount of Each Disbursement this Period 72.00 | |
| City Philadelphia State PA Zip Code 19104-9775 | Purpose of Disbursement PO BOX Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | PO BOX | |

| | |
|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 719.68 |
| TOTAL This Period (last page this line number only) ▶ | |