

**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)

PAGE / OF /

17  
20a  18  
20b  19a  
20c  19b  
21

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NAME OF COMMITTEE (In Full)

*Giannaros For Congress*

Full Name (Last, First, Middle Initial)

A. *Chris Dodd For President, Inc.*

Mailing Address

*P.O. Box 51882*

City

*Washington*

State

*DC*

Zip Code

*20091*

Purpose of Disbursement

*Political Contribution*

*011*  
Category/  
Type

Candidate Name

*Chris Dodd*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*08 / 07 / 2007*

Amount of Each Disbursement this Period

*230000*

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

B. *Niki Tsongas Committee*

Mailing Address

*P.O. Box 1454*

City

*Lowell*

State

*MA*

Zip Code

*01853*

Purpose of Disbursement

*Political Contribution*

*011*  
Category/  
Type

Candidate Name

*Niki Tsongas*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *MA*

District: *5*

Date of Disbursement

*08 / 07 / 2007*

Amount of Each Disbursement this Period

*2300.00*

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

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)..... ▶

*460000*

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

*460000*

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