

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)
Kirk For Congress

Full Name (Last, First, Middle Initial) A. AIDS Foundation of Chicago		Transaction ID: 61123.E4940 Date of Disbursement
Mailing Address 411 S Wells Ste 300		<input type="checkbox"/> 10 / <input type="checkbox"/> 19 / <input type="checkbox"/> 2006
City Chicago	State IL	Zip Code 60607-
Purpose of Disbursement DONATION	<input type="checkbox"/>	Amount of Each Disbursement this Period 1000.00
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Midwest Young Artists		Transaction ID: 61123.E4939 Date of Disbursement
Mailing Address 878 Lyster Road		<input type="checkbox"/> 10 / <input type="checkbox"/> 19 / <input type="checkbox"/> 2006
City Highwood	State IL	Zip Code 60040-
Purpose of Disbursement DONATION	<input type="checkbox"/>	Amount of Each Disbursement this Period 1000.00
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. New Trier Republican Organization		Transaction ID: 61123.E4946 Date of Disbursement
Mailing Address 509 Park Drive c/o T. Tolbert Chisum		<input type="checkbox"/> 10 / <input type="checkbox"/> 22 / <input type="checkbox"/> 2006
City Kenilworth	State IL	Zip Code 60043-1082
Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/>	Amount of Each Disbursement this Period 3000.00
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00