

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)
Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: D8187 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 20000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Transfer to a National Political Party	Candidate Name	Category/Type 001
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) ▼	

Full Name (Last, First, Middle Initial) B. Edward J. McElroy Scholarship Fund		Transaction ID: D7885 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 99 Bald Hill Rd.		Amount of Each Disbursement this Period 250.00
City Cranston State RI Zip Code 02920	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation	Candidate Name	Category/Type 012
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) C. No On 77		Transaction ID: D7979 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 8665 Wilshire Blvd. #306		Amount of Each Disbursement this Period 1000.00
City Beverly Hills State CA Zip Code 90211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/Type 012
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	21250.00
TOTAL This Period (last page this line number only) ▶	