

**SCHEDULE B (FEC Form 3X)
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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Dewey & LeBoeuf LLP Political Action Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) NEW YORK STATE DEMOCRATIC COMMITTEE</p> <p>Mailing Address 461 Park Avenue South 10th Floor</p> <p>City New York State NY Zip Code 10016</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p> | <p>Transaction ID: SB23.7344 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) People for Bing</p> <p>Mailing Address 132 EAST 43RD STREET #243</p> <p>City NEW YORK State NY Zip Code 10017</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p> | <p>Transaction ID: SB23.7368 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) Republican Assembly Campaign Committee</p> <p>Mailing Address 315 State Street</p> <p>City Albany State NY Zip Code 12210</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p> | <p>Transaction ID: SB23.7369 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p> |

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►