

**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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial) A. Gary D. Cohn		Transaction ID: SB20A.7620 Date of Disbursement 05 / 31 / 2005	
Mailing Address 85 Broad Street, 5th Floor			
City New York State NY Zip Code 10004			
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1000.00	
Candidate Name		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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David B. Ford		Transaction ID: SB20A.7644 Date of Disbursement 05 / 31 / 2005	
Mailing Address 1112 Beech Road			
City Rosemont State PA Zip Code 19010			
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1000.00	
Candidate Name		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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeffrey Goldenberg		Transaction ID: SB20A.7621 Date of Disbursement 05 / 31 / 2005	
Mailing Address 1175 Park Avenue, Apt. 14A			
City New York State NY Zip Code 10128			
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1000.00	
Candidate Name		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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	