

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 checked="" type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. MUSGRAVE FOR CONGRESS

Mailing Address 5401 STONE CREEK CIRCLE SUITE 777

City Loveland State CO Zip Code 80538

Purpose of Disbursement
Donation

Candidate Name
DUNCAN FOR CONGRESS

Office Sought: House
Senate
President

State: CO District: D4

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB18.14674
Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
B. NORTHUP FOR CONGRESS

Mailing Address PO Box 7313

City Louisville State KY Zip Code 40257

Purpose of Disbursement
Donation

Candidate Name
DUNCAN FOR CONGRESS

Office Sought: House
Senate
President

State: KY District: D3

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB18.14676
Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. PORTER FOR CONGRESS

Mailing Address 6905 Pony Cir

City Las Vegas State NV Zip Code 89145

Purpose of Disbursement
Donation

Candidate Name
DUNCAN FOR CONGRESS

Office Sought: House
Senate
President

State: NV District: D3

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB18.14678
Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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