

**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 Frank Wolf

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Comm.</b>		<b>Transaction ID:</b> 70415.E3494 Date of Disbursement
Mailing Address 320 First Street, S.E. Suite 307		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Amount of Each Disbursement this Period <input type="text" value="15000.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Comm.</b>		<b>Transaction ID:</b> 70415.E3547 Date of Disbursement
Mailing Address 320 First Street, S.E. Suite 307		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="25000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="25000.00"/>