

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 checked="" 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 type="checkbox"/> 21 |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NATIONAL ACTION COMMITTEE - NACPAC | | Transaction ID: SB17.20977 Date of Disbursement |
| Mailing Address 501 BRICKELL KEY DRIVE THIRD FLOOR | | <input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2007"/> |
| City MIAMI | State FL | Zip Code 33131 |
| Purpose of Disbursement Donation | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="500.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. National Democratic Club | | Transaction ID: SB17.21008 Date of Disbursement |
| Mailing Address 30 Ivy Street S.E. | | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2007"/> |
| City Washington | State DC | Zip Code 20003-4071 |
| Purpose of Disbursement Food/Beverages | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="1978.62"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. National Democratic Club | | Transaction ID: SB17.21009 Date of Disbursement |
| Mailing Address 30 Ivy Street S.E. | | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2007"/> |
| City Washington | State DC | Zip Code 20003-4071 |
| Purpose of Disbursement Food/Beverages | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="360.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2838.62"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |