

**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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Responsibility and Freedom Work PAC (RFPAC)

A. Full Name (Last, First, Middle Initial)
DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
State: LA District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6021
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
FRIENDS OF CHRISTINE O'DONNELL

Mailing Address PO BOX 3987
POST OFFICE BOX 3987

City WILMINGTON State DE Zip Code 19807

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
State: DE District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6016
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 233

City NASHUA State NH Zip Code 03061

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
State: NH District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6011
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)