

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)

<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)
Inslee for Congress

Full Name (Last, First, Middle Initial) A. Hillary Clinton for President		Transaction ID: D203751 Date of Disbursement 09 / 25 / 2007
Mailing Address 4420 Fairfax Dr		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington	State VA	
Zip Code 22203-1611		
Purpose of Disbursement For General 2008 Candidate Name Hillary Clinton Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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. NARAL Pro Choice Foundation		Transaction ID: D203754 Date of Disbursement 09 / 25 / 2007
Mailing Address 811 First Ave #450		Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle	State WA	
Zip Code 98104		
Purpose of Disbursement Contribution Candidate Name 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. Niki Tsongas for Congress		Transaction ID: D203755 Date of Disbursement 09 / 25 / 2007
Mailing Address 26 Market St		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lowell	State MA	
Zip Code 01852-1806		
Purpose of Disbursement Donation Candidate Name Nicola Tsongas Office Sought: <input checked="" 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: MA District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶	5250.00
TOTAL This Period (last page this line number only) ▶	39650.00