

# 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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings for Congress</b>		<b>Transaction ID:</b> D164269 Date of Disbursement 09 / 12 / 2006
Mailing Address 8211 241st St E		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Myakka City	State FL	
Zip Code 34251	Category/Type	
Purpose of Disbursement Donation		
Candidate Name Christine Jennings		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Citizens For Christopher Hurst</b>		<b>Transaction ID:</b> D164242 Date of Disbursement 09 / 13 / 2006
Mailing Address 62504 Indian Summer Way E		Amount of Each Disbursement this Period 1400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Enumclaw	State WA	
Zip Code 98022	Category/Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Citizens For Don Barlow</b>		<b>Transaction ID:</b> D164244 Date of Disbursement 09 / 13 / 2006
Mailing Address 2611 S Hargreaves Ct		Amount of Each Disbursement this Period 1400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Spokane	State WA	
Zip Code 99223	Category/Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....