

**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)

Alaskans for Begich

A.

Full Name (Last, First, Middle Initial)
Alaska Democratic Party

Mailing Address 2602 Fairbanks St.

City Anchorage State AK Zip Code 99524

Purpose of Disbursement
Unlimited Transfer to State Party Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D207947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	8

Amount of Each Disbursement this Period

100000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Kuflink

Mailing Address 8118 Galway Road

City Woodbury State MN Zip Code 55125

Purpose of Disbursement
Telephones - Conference Phone

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District: Recount

Transaction ID: D208097

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	0	8

Amount of Each Disbursement this Period

101.09

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Safe Harbor Inn

Mailing Address 1905 E. 4th Ave.

City Anchorage State AK Zip Code 99501

Purpose of Disbursement
Donation to Safe Harbor Inn Charity

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D208198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	0	8

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

102401.09

TOTAL This Period (last page this line number only)

2802080814