

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 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)
Tim Mahoney for Florida

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Florida Democratic Party | | Transaction ID: D132288 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6 |
| Mailing Address 214 S Bronough St | | Amount of Each Disbursement this Period 1000.00 |
| City Tallahassee State FL Zip Code 32301-1705 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Dues Payment Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Florida House | | Transaction ID: D132386 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6 |
| Mailing Address Number 1 Second Street, NE | | Amount of Each Disbursement this Period 1500.00 |
| City Washington State DC Zip Code 20002 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Event Location Rental Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Fort Lauderdale Grande | | Transaction ID: D132387 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6 |
| Mailing Address 1881 SE 17th St | | Amount of Each Disbursement this Period 1033.47 |
| City Ft Lauderdale State FL Zip Code 33316-3015 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Lodging for JJ Dinner Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3533.47 |
| TOTAL This Period (last page this line number only) ▶ | |