

**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)  
Blumenauer for Congress

Full Name (Last, First, Middle Initial) <b>A. Planned Parenthood of the Columbia/Willamette</b>		<b>Transaction ID:</b> EX012406174343PI Date of Disbursement
Mailing Address 3231 SE 50th Ave.		<input type="checkbox"/> 01 / <input type="checkbox"/> 17 / <input type="checkbox"/> 2006
City Portland	State OR	Zip Code 97206-
Purpose of Disbursement Event tickets	<input type="checkbox"/> 012	Amount of Each Disbursement this Period 375.00
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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>B. NARAL Pro-Choice America PAC</b>		<b>Transaction ID:</b> EX032506065724NA Date of Disbursement
Mailing Address 1156 15th Street NW Suite 700		<input type="checkbox"/> 03 / <input type="checkbox"/> 21 / <input type="checkbox"/> 2006
City Washington	State DC	Zip Code 20005-
Purpose of Disbursement Tickets to fundraiser	<input type="checkbox"/> 012	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>[MEMO ITEM]</b> Credit card detail
State: District:		

Full Name (Last, First, Middle Initial) <b>C. River City Bicycles</b>		<b>Transaction ID:</b> EX020306180917Ri Date of Disbursement
Mailing Address 706 SE M L King Blvd		<input type="checkbox"/> 12 / <input type="checkbox"/> 12 / <input type="checkbox"/> 2005
City Portland	State OR	Zip Code 97214-2143
Purpose of Disbursement Gifts for event	<input type="checkbox"/> 012	Amount of Each Disbursement this Period 29.99
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	