

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

A. Full Name (Last, First, Middle Initial) KAMILLA BREN HURLEY <hr/> Mailing Address 998 CHESTNUT ST <hr/> City SAN FRANCISCO State CA Zip Code 94109-1319 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-0.014863 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BRIAN K HURST <hr/> Mailing Address 87 DOUBLING ROAD <hr/> City GREENWICH State CT Zip Code 06830-4022 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-0.014356 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CARL C ICAHN <hr/> Mailing Address 767 FIFTH AVE 47TH FL <hr/> City NEW YORK State NY Zip Code 10153-0023 <hr/> Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-0.015098 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)