

**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) CYNTHIA H RAFFERTY <hr/> Mailing Address 10315 SABAL PALM AVE <hr/> City CORAL GABLES State FL Zip Code 33156-3420 <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-0.015385 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 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) WILLIAM L RAFFERTY, JR <hr/> Mailing Address 10315 SABAL PALM AVE <hr/> City CORAL GABLES State FL Zip Code 33156-3420 <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-0.015386 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 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) GINNI D RAGAN <hr/> Mailing Address 546 WESTBURY WOODS COURT <hr/> City WESTERVILLE State OH Zip Code 43081-7705 <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-0.015155 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 1500.00
	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) ▶

6100.00

TOTAL This Period (last page this line number only) ▶