

**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)				PAGE 63 / 64
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Dick Durbin Committee

A.	Full Name (Last, First, Middle Initial) Frank Brosens	Transaction ID: D226677 Date of Disbursement 03 / 20 / 2009
	Mailing Address 63 East Field Drive	Amount of Each Disbursement this Period 2300.00
	City Bedford State NY Zip Code 10506	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of contribution Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Lynn Cutler	Transaction ID: D222930 Date of Disbursement 01 / 04 / 2009
	Mailing Address 1526 N. Mohawk St.	Amount of Each Disbursement this Period 75.00
	City Chicago State IL Zip Code 60610	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of contribution Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Mr. Peter Scrivner	Transaction ID: D222931 Date of Disbursement 01 / 04 / 2009
	Mailing Address 700 New Hampshire Ave NW 1102	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20037	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of contribution Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	2425.00
TOTAL This Period (last page this line number only)	2425.00

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