

**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 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)  
Kevin McCarthy for Congress

Full Name (Last, First, Middle Initial) <b>A. Reynolds for Congress</b>		<b>Transaction ID: EXP.B.1325</b> Date of Disbursement 10 / 30 / 2006	
Mailing Address P. O. Box 15388		Amount of Each Disbursement this Period 2000.00	
City Rochester State NY Zip Code 14615	Purpose of Disbursement Monetary Contribution Candidate Name Thomas M. Reynolds	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. Main Street Tehachapi</b>		<b>Transaction ID: EXP.B.1323</b> Date of Disbursement 11 / 01 / 2006	
Mailing Address P. O. Box 830		Amount of Each Disbursement this Period 1000.00	
City Tehachapi State CA Zip Code 93581	Purpose of Disbursement Civic Donation Candidate Name	Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. Bruce McPherson for Secretary of State</b>		<b>Transaction ID: EXP.B.1288</b> Date of Disbursement 11 / 06 / 2006	
Mailing Address P. O. Box 2747		Amount of Each Disbursement this Period 3000.00	
City Santa Cruz State CA Zip Code 95063	Purpose of Disbursement Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....