

**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)
Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial) A. Al Araujo Retirement Party		Transaction ID: D10897 Date of Disbursement 07 / 03 / 2007
Mailing Address c/o Riviera 580 N. Broadway		Amount of Each Disbursement this Period 250.00
City East Providence State RI Zip Code 02914	Purpose of Disbursement Donation	
Candidate Name		<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: D11117 Date of Disbursement 07 / 27 / 2007
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Transfer to a National Political Party	
Candidate Name		<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NAACP Newport Branch		Transaction ID: D11195 Date of Disbursement 09 / 07 / 2007
Mailing Address 72E Dr. Marcus F. Wheatland Blvd.		Amount of Each Disbursement this Period 1000.00
City Newport State RI Zip Code 02840	Purpose of Disbursement Donation	
Candidate Name		<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	26250.00
TOTAL This Period (last page this line number only) ▶	_____