

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

WALSH FOR CONGRESS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gerald Farber

Mailing Address 184 Highwood Ave.

City State Zip Code  
Tenafly NJ 07670Purpose of Disbursement  
CONTRIBUTION REFUND - PRI

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D203-062001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Michael Klapper

Mailing Address 1930 Broadway #17f

City State Zip Code  
New York NY 10023Purpose of Disbursement  
CONTRIBUTION REFUND - PRI

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D311-062G01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

William Landberg

Mailing Address 70 E. 55th Street Fl 17

City State Zip Code  
New York NY 10022Purpose of Disbursement  
CONTRIBUTION REFUND - PRI

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D313-062301

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

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