

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)

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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)
Sweeney for Congress, Inc

| | | |
|---|--|--|
| <p>A. Michael H. Garfield</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 127 W. Fairbanks Ave. Ste. 277</p> <p>City Winter Park State FL Zip Code 32789-4312</p> <p>Purpose of Disbursement Refund of Contribution ITEMIZE: OVERLIM</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61012.E6007</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2100.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="010"/></p> | | |

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|---|--|--|
| <p>B. Morris Massry</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 255 Washington Avenue Ext</p> <p>City Albany State NY Zip Code 12205-5533</p> <p>Purpose of Disbursement Refund of Contribution ITEMIZE: OVERLIM</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 60831.E5842</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="010"/></p> | | |

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|--|--|---|
| <p>C. Robert C. Miller</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8 Cardinal Ct</p> <p>City Clifton Park State NY Zip Code 12065-2731</p> <p>Purpose of Disbursement Refund of Contribution ITEMIZE: OVERLIM</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 60926.E5980</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="450.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="010"/></p> | | |

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|---|---|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="3850.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |