

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 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)
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) A. Andrea Zinga for Congress (IL-17)		Transaction ID: 60411.E10937 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address PO Box 1222		Amount of Each Disbursement this Period 2000.00	
City Moline State IL Zip Code 61266-	Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Citizens for Dave Winters		Transaction ID: 60606.E11007 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 3444 N Main St, Ste 80 IL State 69th District		Amount of Each Disbursement this Period 150.00	
City Rockford State IL Zip Code 61103-2190	Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Citizens for Burzynski		Transaction ID: 60606.E11061 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address PO Box 336		Amount of Each Disbursement this Period 350.00	
City Sycamore State IL Zip Code 60178-	Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶