

**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)  
A Lot of People Who Support Jeff Bingaman

**A.** Full Name (Last, First, Middle Initial)  
Democratic Party of New Mexico

Mailing Address 1301 San Pedro NE

City Albuquerque State NM Zip Code 87110-

Purpose of Disbursement  
UNLIMITED TRANSFER TO STATE PARTY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
Other (specify) ▼

State: District:

Transaction ID: 80401.E5814  
Date of Disbursement  
02 / 08 / 2008

Amount of Each Disbursement this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Larry Larocco For Senate

Mailing Address PO Box 1187

City Boise State ID Zip Code 83701-

Purpose of Disbursement  
CONTRIBUTION - primary '08

Candidate Name  
LARRY LAROCCO

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
Other (specify) ▼

State: ID District: 00

Transaction ID: 80401.E5847  
Date of Disbursement  
03 / 10 / 2008

Amount of Each Disbursement this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Friends of Bruce Lunsford

Mailing Address 1010 Vermont Ave. NW, Ste. 814

City Washington State DC Zip Code 20005-

Purpose of Disbursement  
CONTRIBUTION primary '08

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
Other (specify) ▼

State: KY District:

Transaction ID: 80401.E5870  
Date of Disbursement  
03 / 26 / 2008

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) ..... ▶

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

8000.00

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