

**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)  
Michaud for Congress

**A. ANGIE PACCIONE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1292

City Ft. Collins State CO Zip Code 80522

Purpose of Disbursement  
Contribution

Candidate Name  
Angie Paccione

Office Sought:  House  
 Senate  
 President

State: CO District: 04

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

**Transaction ID: D2896**

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

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

**B. ARCURI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8508

City Utica State NY Zip Code 13505

Purpose of Disbursement  
Contribution

Candidate Name  
Mike Arcuri for Congress

Office Sought:  House  
 Senate  
 President

State: NY District: 24

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

**Transaction ID: D2900**

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

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

**C. CARNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box A

City Clarks Summit State PA Zip Code 18411

Purpose of Disbursement  
Contribution

Candidate Name  
Carney for Congress

Office Sought:  House  
 Senate  
 President

State: PA District: 10

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

**Transaction ID: D2903**

Date of Disbursement

10 / 06 / 2006

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) ..... ▶

3000.00

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