

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Manitowoc Company PAC

A. **Manitowoc Company PAC**
Full Name (Last, First, Middle Initial)

Mailing Address: **Congressman Bill Young Campaign Com.**
P.O. Box 1973

City: **St Petersburg** State: **FL** Zip Code: **33731**

Purpose of Disbursement: **Contribution** Category/Type: **011**

Candidate Name: **Bill Young**

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

State: **FL** District: **10**

Date of Disbursement: **07** / **07** / **2006**

Amount of Each Disbursement this Period: **5000**

B. **Business Industry PAC**
Full Name (Last, First, Middle Initial)

Mailing Address: **888 Sixteen St NW, Ste 305**

City: **Washington** State: **DC** Zip Code: **20006-4103**

Purpose of Disbursement: **PAC to PAC Contribution** Category/Type: **011**

Candidate Name:

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

State: District:

Date of Disbursement: **07** / **24** / **2006**

Amount of Each Disbursement this Period: **1000**

C. **Stupak for Congress**
Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. Box 156**

City: **Menominee** State: **MI** Zip Code: **49858**

Purpose of Disbursement: **Contribution** Category/Type:

Candidate Name: **Bart Stupak**

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

State: **MI** District: **1**

Date of Disbursement: **09** / **08** / **2006**

Amount of Each Disbursement this Period: **3000**

SUBTOTAL of Disbursements This Page (optional) _____

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

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