

# 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)  
David Price for Congress Committee

<b>A. DCCC</b> Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol Street City Washington State DC Zip Code 20003 Purpose of Disbursement Party Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D11669</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Durham County Democratic Party</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 52021 City Durham State NC Zip Code 27717 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D11672</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. NC Democratic Party</b> Full Name (Last, First, Middle Initial) Mailing Address 220 Hillsborough Street City Raleigh State NC Zip Code 27603 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D11681</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)