

# 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)  
Campaign For Our Country

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 23-15-00970-01258 <b>Date of Disbursement</b> 01 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Emily's List</p> <p>Mailing Address 1120 Connecticut Ave NW STE 1100</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution Candidate Name Emily's List</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 23-15-01064-01386 <b>Date of Disbursement</b> 05 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Massachusetts Democratic Party</p> <p>Mailing Address 77 Summer Street 10th Floor</p> <p>City Boston State MA Zip Code 02110</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 23-15-01095-01425 <b>Date of Disbursement</b> 06 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>This contribution exceeds federal limits. A contribution refund was requested and will be reported</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

25000.00

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