

# 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)  
MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Transaction ID: SB21.14760 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET		<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Unlimited Transfer to a National Party		Amount of Each Disbursement this Period <input type="text" value="20000.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="012"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Transaction ID: SB21.14761 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET		<input type="text" value="08"/> <input type="text" value="18"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Unlimited Transfer to a National Party		Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="012"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Transaction ID: SB21.16058 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET		<input type="text" value="08"/> <input type="text" value="22"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Unlimited Transfer to a National Party		Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text"/>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="40000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="40000.00"/>