

**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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Star Parker for Congress 2010

A. Full Name (Last, First, Middle Initial) ELLEN DALE Mailing Address 377 SHADY LN APT 14 City EL CAJON State CA Zip Code 92021-7051 Purpose of Disbursement Returned Donation Candidate Name	Transaction ID: EXPB33789 Date of Disbursement 11 / 08 / 2010 Amount of Each Disbursement this Period 25.00 010 Category/ Type
B. Full Name (Last, First, Middle Initial) MARCIA REGAN Mailing Address P.O. BOX 31905 City PALM BEACH GARDENS State FL Zip Code 33420 Purpose of Disbursement Refund of Donation Candidate Name	Transaction ID: EXPB31197 Date of Disbursement 11 / 12 / 2010 Amount of Each Disbursement this Period 100.00 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

125.00

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

7060.00