

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)
 Inslee for Congress

Full Name (Last, First, Middle Initial)
A. Brian Higgins for Congress

Mailing Address PO Box 26

City Buffalo State NY Zip Code 14220

Purpose of Disbursement
 Contribution

Candidate Name
 Brian Higgins

Office Sought: House
 Senate
 President
 State: NY District: 27

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D3586
 Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Charlie Melancon Campaign Committee

Mailing Address PO Box 540

City Napolconville State LA Zip Code 70300

Purpose of Disbursement
 Contribution

Candidate Name
 Charlie Melancon Jr.

Office Sought: House
 Senate
 President
 State: LA District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D3587
 Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Committee to Bring Back Baron

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
 Contribution

Candidate Name
 Baron Hill

Office Sought: House
 Senate
 President
 State: IN District: 9

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D3592
 Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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