

**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)
Fattah for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MFUME FOR US SENATE | | Transaction ID: D1859 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2006 |
| Mailing Address 505 PARK AVE SUITE 200 | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City BALTIMORE State MD Zip Code 21201 | Category/ Type 011 | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Kweisi Mfume | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paul Moore | | Transaction ID: D1823 Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2006 |
| Mailing Address P.O. Box 5323 | | Amount of Each Disbursement this Period 320.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19142 | Category/ Type | |
| Purpose of Disbursement Contribution-Boot Camp | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Point Breeze Civic Association | | Transaction ID: D1827 Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2006 |
| Mailing Address 1518 S. 22nd Street | | Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19146 | Category/ Type | |
| Purpose of Disbursement Contribution festival | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2620.00 |
| TOTAL This Period (last page this line number only) ▶ | |