

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)
Kendrick Meek for Congress

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Jackson Emerging Leadership Fund <hr/> Mailing Address 19413 Burt Road <hr/> City Detroit State MI Zip Code 48219 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D3139 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) Mike McMahon For Congress <hr/> Mailing Address 66 Arnold Streert <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Mike McMahon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D3137 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8 <hr/> 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 |
| | Category/Type 011 |

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

3000.00