

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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Dave Reichert

Full Name (Last, First, Middle Initial) A. The Catalyst Group		Transaction ID: 60517.E1690 Date of Disbursement 05 / 01 / 2006
Mailing Address 1115 Massachusetts Avenue, NW.		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTANT	Candidate Name	FUNDRAISING CONSULTANT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Washington State Republican Party		Transaction ID: 60517.E1703 Date of Disbursement 04 / 28 / 2006
Mailing Address 16400 Southcenter Pkwy		Amount of Each Disbursement this Period 900.00
City Seattle State WA Zip Code 98188-3302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT TABLE FEE	Candidate Name	EVENT TABLE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Washington State Republican Party		Transaction ID: 60517.E1679 Date of Disbursement 04 / 28 / 2006
Mailing Address 16400 Southcenter Pkwy		Amount of Each Disbursement this Period 75.00
City Seattle State WA Zip Code 98188-3302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BOOTH FEE	Candidate Name	BOOTH FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4475.00
TOTAL This Period (last page this line number only) ▶	_____