

**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 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 JOHN LAFALCE

Full Name (Last, First, Middle Initial) <b>A. Citicards</b>		<b>Transaction ID:</b> SB17.9425	
Mailing Address PO Box 6500		Date of Disbursement 06 / 25 / 2007	
City Sioux Falls	State SD	Zip Code 57117	Amount of Each Disbursement this Period 412.53
Purpose of Disbursement donations		012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 29			

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		<b>Transaction ID:</b> SB17.9398	
Mailing Address 430 SOUTH CAPITOL STREET		Date of Disbursement 04 / 19 / 2007	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement donation		012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 29	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Keane</b>		<b>Transaction ID:</b> SB17.9410	
Mailing Address P.O. Box 412		Date of Disbursement 05 / 21 / 2007	
City Cheektowaga	State NY	Zip Code 14225	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement donation		012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 29			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	912.53
<b>TOTAL</b> This Period (last page this line number only) .....	