

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)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. KLEIN FOR CONGRESS		Transaction ID: D2759 Date of Disbursement 10 / 16 / 2006
Mailing Address 21301 POWERLINE ROAD SUITE 204		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
City BOCA RATON State FL Zip Code 33433		
Purpose of Disbursement Contribution Candidate Name Ron Klein Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 22		

Full Name (Last, First, Middle Initial) B. MEJIAS FOR CONGRESS		Transaction ID: D2760 Date of Disbursement 10 / 16 / 2006
Mailing Address 124 SUNRISE DRIVE		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 N MASSAPEQUA State NY Zip Code 11758		
Purpose of Disbursement Contribution Candidate Name David L. Mejias Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 03		

Full Name (Last, First, Middle Initial) C. MEJIAS FOR CONGRESS		Transaction ID: D2763 Date of Disbursement 10 / 16 / 2006
Mailing Address 124 SUNRISE DRIVE		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
City N MASSAPEQUA State NY Zip Code 11758		
Purpose of Disbursement Contribution 9/26/06 check lost Candidate Name David L. Mejias Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶