

**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)
Inslee for Congress

A.	Full Name (Last, First, Middle Initial) Committee to Elect Tim Knue	Transaction ID: D260917 Date of Disbursement
	Mailing Address PO Box 2118	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Mount Vernon State WA Zip Code 98273	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation - Non-Federal	<input type="text" value="500.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Vicki Ybarra	Transaction ID: D260914 Date of Disbursement
	Mailing Address PO Box 2353	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Yakima State WA Zip Code 98907	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation - Non-Federal	<input type="text" value="500.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: D260889 Date of Disbursement
	Mailing Address 430 S Capitol St SE	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period
	Purpose of Disbursement Unlimited Transfer	<input type="text" value="5000.00"/>
	Candidate Name Democratic Congressional Campaign Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>