

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
STRAIGHT TALK AMERICA

Full Name (Last, First, Middle Initial) <b>A. Mr. Leonard Litwin</b>		Transaction ID: SB28A.90842 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 18 Broadlawn Ave		Amount of Each Disbursement this Period 500.00	
City Great Neck	State NY	Zip Code 11024	010 Category/ Type
Purpose of Disbursement Contribution Refund		Candidate Name	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>500.00</b>