

# 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)  
BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Unity 2001</b>		<b>Transaction ID: 51012.E973</b> Date of Disbursement 09 / 21 / 2005
Mailing Address P.O. Box 22471		Amount of Each Disbursement this Period 9000.00
City Philadelphia State PA Zip Code 19110-2471	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Bryan Allen</b>		<b>Transaction ID: 51012.E977</b> Date of Disbursement 09 / 28 / 2005
Mailing Address C/O 1421 Walnut Street		Amount of Each Disbursement this Period 250.00
City Philadelphia State PA Zip Code 19102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressional Black Caucus Foundation</b>		<b>Transaction ID: 51012.E965</b> Date of Disbursement 09 / 09 / 2005
Mailing Address C/O 1421 Walnut Street		Amount of Each Disbursement this Period 8000.00
City Philadelphia State PA Zip Code 19102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....