

**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)				PAGE 353 / 353
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Senator Carl Levin

A. Full Name (Last, First, Middle Initial) Schauer for Congress	Transaction ID: D140287	
	Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 7	
Mailing Address PO Box 100	Amount of Each Disbursement this Period 2000.00	
City Battle Creek	State MI	Zip Code 49016
Purpose of Disbursement Campaign Contribution	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	20000.00

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