

# 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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)  
B&D PAC

Full Name (Last, First, Middle Initial) <b>A. HARVEST PAC</b>		<b>Transaction ID:</b> SB23.6522 Date of Disbursement 06 / 27 / 2007
Mailing Address 236 MASSACHUSETTS AVENUE NE #508		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement contribution		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. HOOLEY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6524 Date of Disbursement 06 / 27 / 2007
Mailing Address PO BOX 2050		Amount of Each Disbursement this Period 1000.00
City SALEM State OR Zip Code 97308	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. KITPAC</b>		<b>Transaction ID:</b> SB23.6424 Date of Disbursement 03 / 01 / 2007
Mailing Address 21 N. Meramec 2nd Floor		Amount of Each Disbursement this Period 1000.00
City St. Louis State MO Zip Code 63105	Category/ Type	
Purpose of Disbursement contribution		
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>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....