

# 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 checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A. POE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
POE FOR CONGRESS

Mailing Address P.O. Box 14222

City Humble State TX Zip Code 77347

Purpose of Disbursement  
Memo: Consulting Expense

Candidate Name  
DUNCAN FOR CONGRESS

Office Sought:  House  Senate  President  
State: TX District: 2

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16652

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**B. RAY MEIER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
RAY MEIER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 120

City UTICA State NY Zip Code 13503

Purpose of Disbursement  
Memo: Consulting Expense

Candidate Name  
DUNCAN FOR CONGRESS

Office Sought:  House  Senate  President  
State: NY District: 24

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16656

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**C. SWEENEY FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)  
SWEENEY FOR CONGRESS INC

Mailing Address Post Office Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement  
Donation

Candidate Name  
DUNCAN FOR CONGRESS

Office Sought:  House  Senate  President  
State: NY District: 20

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16437

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

500.00

**TOTAL** This Period (last page this line number only) ..... ▶