

**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 / OF /

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Giannaros For Congress

Full Name (Last, First, Middle Initial)

A. *Larson For Congress*

Date of Disbursement

05 / *17* / *2009*

Mailing Address

P.O. Box 261172

Amount of Each Disbursement this Period

2,400.00

City

Hartford

State

CT

Zip Code

06126

Purpose of Disbursement

Political Contribution

011

Candidate Name

John Larson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

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

State: *CT* District: *01*

Full Name (Last, First, Middle Initial)

B. *DSCC Federal*

Date of Disbursement

06 / *01* / *2009*

Mailing Address

179 Allyn St. Suite 301

Amount of Each Disbursement this Period

1,750.00

City

Hartford

State

CT

Zip Code

0

Purpose of Disbursement

Political Contribution

011

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

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

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

Amount of Each Disbursement this Period

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

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

State:

District:

SUBTOTAL of Disbursements This Page (optional)

4,150.00

TOTAL This Period (last page this line number only)

4,150.00

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