

**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)

<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)  
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) <b>A. Democratic State Central Committee</b>		<b>Transaction ID:</b> 70509.E8267 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 179 Allyn Street Suite 301		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06103-	Purpose of Disbursement 2 contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. LaRocco for Senate</b>		<b>Transaction ID:</b> 70628.E8365 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 1187		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boise State ID Zip Code 83701-1187	Purpose of Disbursement CONTRIBUTION Candidate Name LARRY LAROCCO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00 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. Tim Mahoney for Florida</b>		<b>Transaction ID:</b> 70628.E8372 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 4114 Northlake Blvd Ste 300		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Beach Gardens State FL Zip Code 33410-6281	Purpose of Disbursement CONTRIBUTION Candidate Name TIM MAHONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....