

**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 89 / 147
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 18a <input type="checkbox"/> 20c	<input type="checkbox"/> 18b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Matt Brown for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Michael A Goldstein</b>		Transaction ID: D1588 Date of Disbursement 05 / 18 / 2008	
Mailing Address 31 Bayberry Ln		Amount of Each Disbursement this Period 2100.00	
City Westport	State CT	Zip Code 06890-4028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement contribution refund		010 Category/Type	
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:			

Full Name (Last, First, Middle Initial) <b>B. Philip B. Gould</b>		Transaction ID: D1617 Date of Disbursement 05 / 18 / 2008	
Mailing Address 7 Cooke Street		Amount of Each Disbursement this Period 2100.00	
City Providence	State RI	Zip Code 02908	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement contribution refund		010 Category/Type	
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:			

Full Name (Last, First, Middle Initial) <b>C. Myra Greenspan</b>		Transaction ID: D1588 Date of Disbursement 05 / 18 / 2008	
Mailing Address 901 N, Green Valley Pkwy, #210		Amount of Each Disbursement this Period 1000.00	
City Henderson	State NV	Zip Code 89074	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Purpose of Disbursement contribution refund		010 Category/Type	
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)	5200.00
TOTAL This Period (last page this line number only)	

(1)  
-4  
(0)  
(0)  
(1)  
(1)  
(0)  
(0)  
(0)