

**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 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 Ray LaHood

Full Name (Last, First, Middle Initial) A. National Republican Congressional Comm		Transaction ID: 71011.E7830 Date of Disbursement 09 / 08 / 2007
Mailing Address 320 First Street SE		Amount of Each Disbursement this Period 50000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSFER EXCESS CAMPAIGN FUNDS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. People with Hart		Transaction ID: 70822.E7721 Date of Disbursement 08 / 12 / 2007
Mailing Address PO Box 435		Amount of Each Disbursement this Period 2000.00
City Wexford State PA Zip Code 15090-0435	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name MELISSA A HART		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 04		

Full Name (Last, First, Middle Initial) C. Pete King for Congress		Transaction ID: 71011.E7893 Date of Disbursement 09 / 26 / 2007
Mailing Address 94 Michigan Ave		Amount of Each Disbursement this Period 2000.00
City Massapequa State NY Zip Code 11758-4932	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name PETER T KING		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 03		

SUBTOTAL of Disbursements This Page (optional)	54000.00
TOTAL This Period (last page this line number only)	_____