

**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 |

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)
Peter Hoekstra for Congress

| | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Tim Walberg For Congress | Transaction ID: 80626.E2398 Date of Disbursement 06 / 10 / 2008 |
| | Mailing Address 317 W. Washington Ave. | Amount of Each Disbursement this Period 3000.00 |
| | City Jackson State MI Zip Code 49201- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Contribution Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 011 |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Tim Walberg For Congress | Transaction ID: 81007.E2678 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 317 W. Washington Ave. | Amount of Each Disbursement this Period 1000.00 |
| | City Jackson State MI Zip Code 49201- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement REDESIGNATION FROM CONTRIBUTION Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO:Redesignation FROM Contribution |

| | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Tim Walberg For Congress | Transaction ID: 81007.E2679 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 317 W. Washington Ave. | Amount of Each Disbursement this Period 1000.00 |
| | City Jackson State MI Zip Code 49201- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement REDESIGNATION TO MEMO Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO:Redesignation TO Memo |

| | |
|-----------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | 71000.00 |