

# 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)  
Abercrombie for Congress

Full Name (Last, First, Middle Initial) <b>A. Friends of John Barrow</b>		<b>Transaction ID:</b> 60109.E3448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address P O Box 48178		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 Athens State GA Zip Code 30606-	Category/Type	
Purpose of Disbursement 2004 GENERAL ELECTION DEBT		2004 General Election Debt
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Democratic Party of Hawaii</b>		<b>Transaction ID:</b> 60301.E3490 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 1314 S King Street, G-4		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honolulu State HI Zip Code 96814-	Category/Type	
Purpose of Disbursement MAGKAISA FUNDRAISER		2004 General Election Debt
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. University of Hawaii Foundation</b>		<b>Transaction ID:</b> 60124.E3479 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address UH Office of Public Relations & Sp Events		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honolulu State HI Zip Code 96822-	Category/Type	
Purpose of Disbursement SCHOLARSHIP FUND		2004 General Election Debt
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>3300.00</b>