

# 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)  
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Jim Gerlach for Congress</b>		<b>Transaction ID:</b> 61010.E6211 <b>Date of Disbursement</b> 09 / 29 / 2006
Mailing Address P.O. Box 87		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 Uwchland State PA Zip Code 19480-	011 Category/ Type	
Purpose of Disbursement contribution to candidate comm. Candidate Name JIM GERLACH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Junior League of Shreveport/Bossier</b>		<b>Transaction ID:</b> 60801.E6036 <b>Date of Disbursement</b> 07 / 31 / 2006
Mailing Address 520 Olive Street Suite B204		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 Shreveport State LA Zip Code 71104-	012 Category/ Type	
Purpose of Disbursement donation 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. LSU Health Science Foundation</b>		<b>Transaction ID:</b> 60907.E6149 <b>Date of Disbursement</b> 08 / 31 / 2006
Mailing Address 1501 Kings Highway, Box 105		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 Shreveport State LA Zip Code 71103-	012 Category/ Type	
Purpose of Disbursement Donation Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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