

**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 OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 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)

Giannaros For Congress

Full Name (Last, First, Middle Initial)

A. *Zack Space For Congress*

Mailing Address

P.O. Box 266

City

Dover

State

OH

Zip Code

44622

Purpose of Disbursement

Political Contribution

Candidate Name

Zack Space

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *OH*

District: *18*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / *DD* / *YYYY*
09 / *12* / *2008*

Amount of Each Disbursement this Period

100000

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / *DD* / *YYYY*

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / *DD* / *YYYY*

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100000
100000

28039873763