

**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)

<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 Rahm Emanuel

A. Full Name (Last, First, Middle Initial)
DONALD CRAVINS JR FOR CONGRESS

Mailing Address PO BOX 2507

City OPELOUSAS State LA Zip Code 70570

Purpose of Disbursement
Contribution - Federal Candidate

Candidate Name
Donald Cravins, Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 07

Transaction ID: D220674

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
Jill Derby for Congress

Mailing Address 1298 Kingsbury Grade

City Gardnerville State NV Zip Code 89460

Purpose of Disbursement
Contribution-Federal Candidate

Candidate Name
Jill Derby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NV District: 02

Transaction ID: D218877

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount of Each Disbursement this Period

2000.00

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

C. Full Name (Last, First, Middle Initial)
JOE GARCIA FOR CONGRESS

Mailing Address 12930 SW 128 STREET SUITE 102

City MIAMI State FL Zip Code 33186

Purpose of Disbursement
Contribution - Federal Candidate

Candidate Name
Joe Garcia

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 25

Transaction ID: D220673

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	8

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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