

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Crenshaw for Congress Cmpgn | | Transaction ID: SB23.5284 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 5345 Ortega Boulevard Suite 1 | | Amount of Each Disbursement this Period 2500.00 |
| City Jacksonville State FL Zip Code 32210 | Purpose of Disbursement Campaign contribution Candidate Name Crenshaw for Congress Cmpgn Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF CORRINE BROWN | | Transaction ID: SB23.5291 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 3109 River Bend Court D-102 | | Amount of Each Disbursement this Period 1000.00 |
| City Laurel State MD Zip Code 20724 | Purpose of Disbursement Campaign contribution Candidate Name FRIENDS OF CORRINE BROWN Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends of Katherine Harris | | Transaction ID: SB23.5333 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 610 S BOULEVARD | | Amount of Each Disbursement this Period 1000.00 |
| City TAMPA State FL Zip Code 33606 | Purpose of Disbursement Campaign contribution Candidate Name FRIENDS OF KATHERINE HARRIS Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | |