

**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)
Inslee for Congress

Full Name (Last, First, Middle Initial) A. Gillibrand for Congress		Transaction ID: D159314 Date of Disbursement 06 / 29 / 2006
Mailing Address PO Box 1279		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 Hudson	State NY	
Zip Code 12534		
Purpose of Disbursement Contribution		
Candidate Name Kristin Gillibrand		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 20		

Full Name (Last, First, Middle Initial) B. Goldmark for Congress		Transaction ID: D137592 Date of Disbursement 04 / 11 / 2006
Mailing Address PO Box 768		Amount of Each Disbursement this Period 3700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omak	State WA	
Zip Code 98841		
Purpose of Disbursement Donations		
Candidate Name Peter Goldmark		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 05		

Full Name (Last, First, Middle Initial) C. Hafen for Congress		Transaction ID: D157529 Date of Disbursement 06 / 28 / 2006
Mailing Address PO Box 530996		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 Henderson	State NV	
Zip Code 89053		
Purpose of Disbursement Donation		
Candidate Name Tessa Hafen		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 03		

SUBTOTAL of Disbursements This Page (optional)	5700.00
TOTAL This Period (last page this line number only)