

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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Citizens for Altmire

A.	Full Name (Last, First, Middle Initial) Johnny's Half Shell Mailing Address 400 North Capitol Street, NW City Washington State DC Zip Code 20001 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D372777 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 9 Amount of Each Disbursement this Period 557.90
B.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA Mailing Address 111 NW 183RD STREET SUITE 325 City MIAMI State FL Zip Code 33169 Purpose of Disbursement Contribution Candidate Name Kendrick Meek Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D370358 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Liberty Concepts Mailing Address 119 Braintree St Suite 101 City Allston State MA Zip Code 02134 Purpose of Disbursement Website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D370353 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 400.00

SUBTOTAL of Disbursements This Page (optional) ▶	1957.90
TOTAL This Period (last page this line number only) ▶	(Empty box)