

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 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)
Norwood for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Dean Heller For Congress | | Transaction ID: 61019.E7582 Date of Disbursement 10 / 18 / 2006 |
| Mailing Address PO Box 3196 | | Amount of Each Disbursement this Period 2000.00 |
| City Carson City State NV Zip Code 89702- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION TO NV-1 HOUSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jeff Lamberti For Congress | | Transaction ID: 61019.E7587 Date of Disbursement 10 / 18 / 2006 |
| Mailing Address 7000 Walnut Suite 1600 | | Amount of Each Disbursement this Period 2000.00 |
| City Des Moines State IA Zip Code 50309- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION TO IA-03 HOUSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Joe Negron For Congress | | Transaction ID: 61019.E7584 Date of Disbursement 10 / 18 / 2006 |
| Mailing Address PO Box 1816 | | Amount of Each Disbursement this Period 2000.00 |
| City Stuart State FL Zip Code 34995- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONTRIBUTION TO FL-16 HOUSE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | |