

**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)
David Price for Congress Committee

A. Full Name (Last, First, Middle Initial)
NC Democratic Party

Mailing Address 220 Hillsborough Street

City Raleigh State NC Zip Code 27603

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D11875

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	6

Amount of Each Disbursement this Period

2000.00

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

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Wake County Young Democrats

Mailing Address Post Office Box 25523

City Raleigh State NC Zip Code 27611

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D11898

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	6

Amount of Each Disbursement this Period

200.00

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

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

2200.00

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

95950.00
