

**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)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Lamberti for Congress</b>		<b>Transaction ID:</b> 61005.E7405 <b>Date of Disbursement</b> 09 / 29 / 2006
Mailing Address PO Box 785		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 Ankeny State IA Zip Code 50021-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name JEFFREY LAMBERTI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Johnson for Congress Committee</b>		<b>Transaction ID:</b> 61005.E7328 <b>Date of Disbursement</b> 09 / 15 / 2006
Mailing Address P. O. Box 1986		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 New Britain State CT Zip Code 06050-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name NANCY L. JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kirk for Congress</b>		<b>Transaction ID:</b> 61005.E7379 <b>Date of Disbursement</b> 09 / 29 / 2006
Mailing Address P. O. Box 8		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 Winnetka State IL Zip Code 60093-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name MARK STEVEN KIRK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....