

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Dealers Election Action Committee of the National Automotive Dealers Association

| | | | |
|-----------|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Chris Lee For Congress <hr/> Mailing Address PO Box 15395 <hr/> City Rochester State NY Zip Code 14615 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Christopher Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 26 | Transaction ID: 28518479 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 8 | Amount of Each Disbursement this Period 5000.00 |
| B. | Full Name (Last, First, Middle Initial) Mike McMahon For Congress <hr/> Mailing Address 66 Arnold Street <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Michael McMahon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13 | Transaction ID: 28518480 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 8 | Amount of Each Disbursement this Period 2500.00 |
| C. | Full Name (Last, First, Middle Initial) Boyd For Congress <hr/> Mailing Address P.O. Box 15703 <hr/> City Tallahassee State FL Zip Code 32317 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Allen Boyd Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02 | Transaction ID: 28520189 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 | Amount of Each Disbursement this Period 5000.00 |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 12500.00 |
| TOTAL This Period (last page this line number only) | |