

**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 checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSUMER FIREWORKS SAFETY ASSOCIATION POLITICAL ACTION COMMITTEE FEDERAL ACCOUNT

Full Name (Last, First, Middle Initial)

**A.**

**FRIENDS OF DAVE REICHERT**

Mailing Address  
P O BOX 53322

City **BELLEVUE** State **WASHINGTON** Zip Code **98015**

Purpose of Disbursement  
**CAMPAIGN FUND CONTRIBUTION**

Candidate Name  
**DAVE REICHERT**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

1,500.00

0 1 1  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

**PEOPLE FOR PATTY MURRAY**

Mailing Address  
P O BOX 3662

City **SEATTLE** State **WASHINGTON** Zip Code **98124**

Purpose of Disbursement  
**CAMPAIGN FUND CONTRIBUTION**

Candidate Name  
**PATTY MURRAY**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

03 / 20 / 2008

Amount of Each Disbursement this Period

2,000.00

0 1 1  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

**RICK LARSEN FOR CONGRESS COMMITTEE**

Mailing Address  
P O BOX 326

City **EVERETT** State **WASHINGTON** Zip Code **(\*@)c**

Purpose of Disbursement  
**CAMPAIGN FUND CONTRIBUTION**

Candidate Name  
**RICK LARSEN**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

03 / 20 / 2008

Amount of Each Disbursement this Period

500.00

0 1 1  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional).....▶

4,000.00

TOTAL This Period (last page this line number only).....▶

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