

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)
Friends of Rahm Emanuel

A. Full Name (Last, First, Middle Initial)
Ciro D. Rodriguez for Congress

Mailing Address 246 West Harding

City San Antonio State TX Zip Code 78221

Purpose of Disbursement
Contribution - Federal Candidate

Candidate Name
Ciro D. Rodriguez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 23

Transaction ID: D222983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR ALTMIRE

Mailing Address PO BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement
Contribution-Federal Candidate

Candidate Name
Jason Altmire

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 04

Transaction ID: D222997

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Full Name (Last, First, Middle Initial)
Committee to Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution - Federal Candidate

Candidate Name
Chris Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District: 05

Transaction ID: D222986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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