

# 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)  
Kirk For Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Alliance for the Great Lakes  | Transaction ID: 90316.E7258<br>Date of Disbursement<br>02 / 18 / 2009                               |
|    | Mailing Address 700 W Fulton Ave Ste A<br>17 N State St. Ste 1390  | Amount of Each Disbursement this Period<br>3000.00  |
|    | City Grand Haven State MI Zip Code 49417-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Purpose of Disbursement DONATION<br>Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | Category/Type   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Family First Support Center   | Transaction ID: 90316.E7257<br>Date of Disbursement<br>02 / 18 / 2009                               |
|    | Mailing Address 208 Lake St  | Amount of Each Disbursement this Period<br>3000.00  |
|    | City Waukegan State IL Zip Code 60085-6547   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Purpose of Disbursement DONATION<br>Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | Category/Type   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>Tedisco for Congress   | Transaction ID: 90316.E7300<br>Date of Disbursement<br>03 / 11 / 2009                               |
|    | Mailing Address 1707 Route 9  | Amount of Each Disbursement this Period<br>1000.00  |
|    | City Clifton Park State NY Zip Code 12065-3116  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Purpose of Disbursement CONTRIBUTION<br>Candidate Name  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                            | Category/Type   |
|    | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Special |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 7000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 7000.00 |