

**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)  
Generic Pharmaceutical Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. ENZI FOR US SENATE</b>		<b>Transaction ID:</b> SB23.4542 Date of Disbursement
Mailing Address PO BOX 2775		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City CODY	State WY	Zip Code 82414
Purpose of Disbursement Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name ENZI FOR US SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY	District: 00	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF HILLARY</b>		<b>Transaction ID:</b> SB23.4543 Date of Disbursement
Mailing Address 1717 K STREET NW SUITE 309A		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name FRIENDS OF HILLARY		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 00	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SCHUMER</b>		<b>Transaction ID:</b> SB23.4544 Date of Disbursement
Mailing Address 509 MADISON AVE SUITE 1902		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City NEW YORK	State NY	Zip Code 10022
Purpose of Disbursement Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name FRIENDS OF SCHUMER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 00	

Amount of Each Disbursement this Period

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

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