

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)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) TALLATCHEE CREEK INC. PAC Mailing Address 1040 STONECREEK DRIVE City HELENA State AL Zip Code 35080 Purpose of Disbursement 011 Candidate Name TALLATCHEE CREEK INC. PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.452060 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>
B.	Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA Mailing Address 4114 NORTHLAKE BLVD., SUITE 300 City PALM BEACH GARDENS State FL Zip Code 33410 Purpose of Disbursement 011 Candidate Name TIM MAHONEY FOR FLORIDA 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: FL District: 16	Transaction ID: EXP.B.452080 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS Mailing Address P. O. BOX 622345 City OVIEDO State FL Zip Code 32762 Purpose of Disbursement 011 Candidate Name TOM FEENEY FOR CONGRESS 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: 24	Transaction ID: EXP.B.455558 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">7000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>