

**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)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRIENDS OF CONNIE MACK		Transaction ID: SB18.16628 Date of Disbursement 03 / 28 / 2006
Mailing Address P.O. Box 519 PMB 388		Amount of Each Disbursement this Period 1000.00
City Naples	State FL	Zip Code 34106
Purpose of Disbursement Memo: Consulting Expense		Category/ Type
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 14	

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FRIENDS OF MIKE SODREL		Transaction ID: SB18.16626 Date of Disbursement 03 / 28 / 2006
Mailing Address 702 NORTH SHORE DRIVE SUITE 500		Amount of Each Disbursement this Period 1000.00
City JEFFERSONVILLE	State IN	Zip Code 47130
Purpose of Disbursement Memo: Consulting Expense		Category/ Type
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 09	

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FRIENDS OF MIKE SODREL		Transaction ID: SB18.16630 Date of Disbursement 03 / 30 / 2006
Mailing Address 702 NORTH SHORE DRIVE SUITE 500		Amount of Each Disbursement this Period 293.00
City JEFFERSONVILLE	State IN	Zip Code 47130
Purpose of Disbursement Memo: Catering Expense		Category/ Type
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 09	

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	