

**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)  
DIRECT VOICE, THE POLITICAL ACTION COMMITTEE OF THE DIRECT MARKETING ASSOCIATION

A.	Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: SB23.7931 Date of Disbursement
	Mailing Address P. O. Box 713	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name PETER ROSKAM	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: SB23.8151 Date of Disbursement
	Mailing Address P.O. Box 32025	<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SENSENBRENNER COMMITTEE	Transaction ID: SB23.8146 Date of Disbursement
	Mailing Address PO BOX 575	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City BROOKFIELD State WI Zip Code 53008	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name FRANK JAMES SENSENBRENNER, Jr.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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