

**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 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)  
Rush Holt for Congress

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DAN MAFFEI</b>		Transaction ID: D42242	
Mailing Address PO BOX 74		Date of Disbursement 03 / 27 / 2006	
City SYRACUSE	State NY	Zip Code 13214	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Daniel Benjamin Maffei			
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: NY	District: 25		

Full Name (Last, First, Middle Initial) <b>B. Gerofsky for Surrogate 2006</b>		Transaction ID: D42243	
Mailing Address 4 Marvin Ct.		Date of Disbursement 03 / 07 / 2006	
City Lawrenceville	State NJ	Zip Code 08648	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Non-Federal contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
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:		

Full Name (Last, First, Middle Initial) <b>C. LINDA STENDER FOR CONGRESS</b>		Transaction ID: D42246	
Mailing Address PO BOX 730		Date of Disbursement 03 / 24 / 2006	
City SCOTCH PLAINS	State NJ	Zip Code 07076	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Linda D. Stender			
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: NJ	District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	