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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Levin for Congress

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF JIM MARSHALL

Mailing Address P.O. Box 125

City: Macon | State: GA | Zip Code: 31201

Purpose of Disbursement: Contribution

Candidate Name: Marshall, Jim

011 Category/Type

Office Sought: X House / Senate / President

State: GA District: 08

Disbursement For: 2006 X Primary General / Other (specify)

Transaction ID: D111366
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Macomb County Democratic Party

Mailing Address 230 North Ave STE 12

City: Mount Clemens | State: MI | Zip Code: 48043

Purpose of Disbursement: Event Tickets

Candidate Name

011 Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary General / Other (specify)

Transaction ID: D111360
Date of Disbursement: 09 / 07 / 2005

Amount of Each Disbursement this Period: 700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Macomb County Democratic Party

Mailing Address 230 North Ave STE 12

City: Mount Clemens | State: MI | Zip Code: 48043

Purpose of Disbursement: Event Sponsorship

Candidate Name

011 Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary General / Other (specify)

Transaction ID: D111361
Date of Disbursement: 09 / 07 / 2005

Amount of Each Disbursement this Period: 320.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2020.00**

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