

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)
DONNA EDWARDS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FRANK KRATOVIL FOR CONGRESS	Transaction ID: SB21.41246 Date of Disbursement 10 / 27 / 2008	
	Mailing Address 222 Main Sail Drive PO Box 518		Amount of Each Disbursement this Period 1000.00
	City State Zip Code Stevensville MD 21666		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) JENNIFER DOUGHERTY FOR CONGRESS	Transaction ID: SB21.41247 Date of Disbursement 10 / 22 / 2008	
	Mailing Address 207 WEST PATRICK STREET 2ND FLOOR		Amount of Each Disbursement this Period 1000.00
	City State Zip Code FREDERICK MD 21701		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) ZEITZ FOR CONGRESS	Transaction ID: SB21.41249 Date of Disbursement 10 / 24 / 2008	
	Mailing Address PO BOX 560		Amount of Each Disbursement this Period 1000.00
	City State Zip Code BORDENTOWN NJ 08505		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00