

**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)

PAGE 146 / 156

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial)  
**A. MICHAUD FOR CONGRESS**

Mailing Address 213 Lisbon Street  
 11 Bangor Mall Blvd. Suite D

City Lewiston State ME Zip Code 04240

Purpose of Disbursement  
 Contribution

Candidate Name  
 Michael H. Michaud

Office Sought:  House  
                    Senate  
                    President

State: ME District: D2

Disbursement For: 2004  
                            Primary  General  
                           Other (specify) ▼

Category/  
 Type

Transaction ID: D12053  
 Date of Disbursement  
 03 / 30 / 2004

Amount of Each Disbursement this Period  
 1000.00

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

Full Name (Last, First, Middle Initial)  
**B. Friends of Congressman Tim Holden**

Mailing Address PO Box 37

City Saint Clair State PA Zip Code 17970

Purpose of Disbursement  
 Contribution

Candidate Name  
 Tim Holden

Office Sought:  House  
                    Senate  
                    President

State: PA District: 17

Disbursement For: 2004  
                            Primary  General  
                           Other (specify) ▼

Category/  
 Type

Transaction ID: D12063  
 Date of Disbursement  
 03 / 30 / 2004

Amount of Each Disbursement this Period  
 1000.00

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

Full Name (Last, First, Middle Initial)  
**C. Boyd for Congress**

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement  
 Contribution

Candidate Name  
 F. Allen Boyd, Jr.

Office Sought:  House  
                    Senate  
                    President

State: FL District: D2

Disbursement For: 2004  
                            Primary  General  
                           Other (specify) ▼

Category/  
 Type

Transaction ID: D12093  
 Date of Disbursement  
 03 / 30 / 2004

Amount of Each Disbursement this Period  
 1000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3000.00**

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