

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

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)
Pike for Congress

A. Full Name (Last, First, Middle Initial) Carol Shea-Porter for Congress <hr/> Mailing Address PO BOX 453 <hr/> City ROCHESTER State NH Zip Code 03866 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name CAROL SHEA-PORTER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D329395 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Chester County Democratic Committee <hr/> Mailing Address 37 S. High St. <hr/> City West Chester State PA Zip Code 19382 <hr/> Purpose of Disbursement contribution to political committee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D337329 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Friends of Jim Marshall <hr/> Mailing Address 586 ORANGE STREET <hr/> City MACON State GA Zip Code 31201 <hr/> Purpose of Disbursement contribution to Marshall campaign Candidate Name JIM MARSHALL <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D336532 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	750.00