

**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 30 / 30

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input 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)  
 SCHWARZ FOR CONGRESS

Full Name (Last, First, Middle Initial)  
 A. Carolyn Holmes

Mailing Address 16500 17 1/2 Mile Road

City Marshall State MI Zip Code 49088

Purpose of Disbursement  
 Event Date Change, Ticket Refund

Candidate Name  
 SCHWARZ FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
 State: MI District: D7

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

010  
 Category/  
 Type

Transaction ID: SB20A.7D13  
 Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00