

**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)
Mark Udall for Congress, Inc.

Full Name (Last, First, Middle Initial)
A. Friends of Tim Holden

Mailing Address 18 North 2nd Street

City Saint Clair State PA Zip Code 17970-

Purpose of Disbursement
FED. CONTRIBUTION (PA/17)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 101520046E5307
Date of Disbursement

09 / 29 / 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 Jim Marshall

Mailing Address 586 Orange Street

City Macon State GA Zip Code 31202-

Purpose of Disbursement
FED. CONTRIBUTION (GA/03)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 101520048E5308
Date of Disbursement

09 / 29 / 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. Ginny Schraeder for Congress

Mailing Address 2 Park Lane, Suite 105

City Feasterville Trevo State PA Zip Code 19053-

Purpose of Disbursement
FED. CONTRIBUTION (PA/08)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 101520048E5300
Date of Disbursement

09 / 20 / 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) ▶