

**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)  
 CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Denise Majette for Senate

Mailing Address 3951 Sanpfinger Parkway  
 Suite 335

City Decatur State GA Zip Code 30035

Purpose of Disbursement

Candidate Name

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

011  
 Category/  
 Type

Transaction ID: SB21.8939

Date of Disbursement  
 06 / 19 / 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 Gina Walsh

Mailing Address 1246 Bakewell

City St. Louis State MO Zip Code 63137

Purpose of Disbursement

Candidate Name

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

011  
 Category/  
 Type

Transaction ID: SB21.8887

Date of Disbursement  
 04 / 22 / 2004

Amount of Each Disbursement this Period

300.00

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

Full Name (Last, First, Middle Initial)

C. Friends of Tim Holden

Mailing Address 18th North 2nd Street

City St. Clair State PA Zip Code 17970

Purpose of Disbursement

Candidate Name  
 Friends of Tim Holden

Office Sought:  House Disbursement For: 2004  
 Senate X Primary General  
 President  
 State: PA District 17 Other (specify) ▼

Category/  
 Type

Transaction ID: SB21.8826

Date of Disbursement  
 04 / 21 / 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) ▶

2300.00

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