

**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. Chandler for Congress

Mailing Address P.O. Box 12678

City Lexington State KY Zip Code 40583-

Purpose of Disbursement
FED. CONTRIBUTION (KY06)

Candidate Name

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

State: District

Category/
Type

Transaction ID: D412200453E5042
Date of Disbursement

01 / 27 / 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. Chet Edwards for Congress

Mailing Address PO Box 70528

City Washington State DC Zip Code 20024-

Purpose of Disbursement
FEDERAL CONTRIBUTION, HOUSE (TX/11)

Candidate Name

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

State: District

Category/
Type

Transaction ID: D412200453E5061
Date of Disbursement

02 / 21 / 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. Conti for Congress

Mailing Address 25958 Genesee Trail Rd., K223

City Golden State CO Zip Code 80401-

Purpose of Disbursement
FED CONTRIBUTION, HOUSE (CO/06)

Candidate Name

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

State: District

Category/
Type

Transaction ID: D413200423E5108
Date of Disbursement

03 / 29 / 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) ▶