

**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)  
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Unlimited Transfer to Natl. Party Comm.

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21.13846  
Date of Disbursement  
12 / 14 / 2005

Amount of Each Disbursement this Period  
20000.00

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 P.O. Box 125

City Macon State GA Zip Code 31201

Purpose of Disbursement  
Contribution - GA/03

Candidate Name

Office Sought:  House Senate President  
State: GA District 03

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21.13820  
Date of Disbursement  
11 / 15 / 2005

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. Hooley for Congress**

Mailing Address P.O. Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement  
Contribution - OR/05

Candidate Name

Office Sought:  House Senate President  
State: OR District 05

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21.13819  
Date of Disbursement  
11 / 15 / 2005

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) ..... ► **22000.00**

**TOTAL** This Period (last page this line number only) ..... ►