

**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)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <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 |

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)  
Friends of Congressman Tim Holden

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>St. Clair Democratic Committee  | Transaction ID: D8210<br>Date of Disbursement<br>10 / 31 / 2008  |
|    | Mailing Address 113 South Front St   | Amount of Each Disbursement this Period<br>850.00  |
|    | City Saint Clair State PA Zip Code 17970   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Contribution<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>SK IP   | Transaction ID: D8182<br>Date of Disbursement<br>10 / 17 / 2008  |
|    | Mailing Address 91 S. Progress Avenue  | Amount of Each Disbursement this Period<br>150.00  |
|    | City Pottsville State PA Zip Code 17901  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement 2 Tickets to Dinner<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Friends Of Jim Langevin   | Transaction ID: D8241<br>Date of Disbursement<br>11 / 18 / 2008  |
|    | Mailing Address P.O. Box 8378  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Warwick State RI Zip Code 02888   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Debt Reduction<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |