

**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)	PAGE 127 / 215
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BYRON DORGAN

A.	Full Name (Last, First, Middle Initial) Mr. G. Wayne Smith	Transaction ID: D257048 Date of Disbursement
	Mailing Address 3412 P Street, NW	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution refund	<input type="text" value="2300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Anthony T. Podesta	Transaction ID: D258118 Date of Disbursement
	Mailing Address 6106 Beachway Drive	<input type="text" value="03"/> <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Falls Church State VA Zip Code 22044	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution refund	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Edith Wasserman	Transaction ID: D256098 Date of Disbursement
	Mailing Address 10100 Santa Monica Boulevard Suite 1300	<input type="text" value="01"/> <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Los Angeles State CA Zip Code 90067	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution refund	<input type="text" value="2400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5200.00"/>
TOTAL This Period (last page this line number only)	

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