

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 Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial)

A. Friends of Mike Sodrel

Mailing Address 702 North Shore Drive, Suite 500

City Jeffersonville State IN Zip Code 47130-

Purpose of Disbursement
 HOUSE-PRIMARY

Candidate Name
 MICHAELE SODREL

Office Sought: House
 Senate
 President
 State: IN District: D8

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: 50412.E3895

Date of Disbursement

03 / 16 / 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) ▶

1000.00

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

10000.00