

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Holding Onto Oregon's Priorities**

Full Name (Last, First, Middle Initial)

**A. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OR District: 03

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	01	/	2010

Transaction ID : SB23.6171

Amount of Each Disbursement this Period

1000.00
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011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF BLANCHE LINCOLN**

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
Contribution for Run-off

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AR District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼ Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2010

Transaction ID : SB23.6271

Amount of Each Disbursement this Period

5000.00
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011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. KURT SCHRADER FOR CONGRESS**

Mailing Address 607 N. Main St  
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	18	/	2010

Transaction ID : SB23.6308

Amount of Each Disbursement this Period

5000.00
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011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11000.00
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