SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| 17 | 18 | 19a | 19b |
| 20a | 20b | 20c | X 21 |

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NAME OF COMMITTEE (In Full)
David Price for Congress Committee

A. Full Name (Last, First, Middle Initial)
Friends of Sherrod Brown

Mailing Address   P.O. Box 963

| City | State | Zip Code |
| Amherst | OH | 44001 |

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Sherrod Brown

Office Sought: ☐ House   ☒ Senate   ☐ President
State: OH   District:

Disbursement For: 2006
☐ Primary   ☒ General
☐ Other (specify) ▼

Transaction ID: D11935
Date of Disbursement

M M 0 9 / D D 2 0 / Y Y Y Y 2 0 0 6

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Judy Feder for Congress

Mailing Address   1514 Hardwood Lane

| City | State | Zip Code |
| McLean | VA | 22101 |

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Judy Feder

Office Sought: ☒ House   ☐ Senate   ☐ President
State: VA   District: 10

Disbursement For: 2006
☐ Primary   ☒ General
☐ Other (specify) ▼

Transaction ID: D11936
Date of Disbursement

M M 0 9 / D D 2 0 / Y Y Y Y 2 0 0 6

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Lois Murphy for Congress

Mailing Address   P. O. Box 312

| City | State | Zip Code |
| Narbeth | PA | 19072 |

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
Lois Murphy

Office Sought: ☒ House   ☐ Senate   ☐ President
State: PA   District: 06

Disbursement For: 2006
☐ Primary   ☒ General
☐ Other (specify) ▼

Transaction ID: D11868
Date of Disbursement

M M 0 8 / D D 2 5 / Y Y Y Y 2 0 0 6

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) .... ▶   **2000.00**

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

FEC **Schedule B (Form 3)** Rev. 02/2003