

**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 80 / 91
	<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)
ELAINE MARSHALL FOR SENATE

Full Name (Last, First, Middle Initial) A. Sally S. Cone		Transaction ID: SB20A.23575 Date of Disbursement 09 / 17 / 2003	
Mailing Address 500 Country Club Drive		Amount of Each Disbursement this Period 250.00	
City Greensboro	State NC	Zip Code 27408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Stanley F. Hammer		Transaction ID: SB20A.23576 Date of Disbursement 09 / 30 / 2003	
Mailing Address 3301 Madison Avenue		Amount of Each Disbursement this Period 50.00	
City Greensboro	State NC	Zip Code 27403	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. David Schwartz		Transaction ID: SB20A.23574 Date of Disbursement 07 / 24 / 2003	
Mailing Address 880 Highway 33		Amount of Each Disbursement this Period 150.00	
City Freehold	State NJ	Zip Code 07728	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	450.00
TOTAL This Period (last page this line number only)	450.00