

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)
 Mark Green for Congress

A. Full Name (Last, First, Middle Initial)
 RepublicanPartyof WI

Mailing Address 148 E Johnson Street

City Madison State WI Zip Code 53703-

Purpose of Disbursement
 RETURN OF 10/22/04 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: 41109.E2952
 Date of Disbursement
 11 / 09 / 2004

Amount of Each Disbursement this Period
 -15000.00

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

B. Full Name (Last, First, Middle Initial)
 RepublicanPartyof WI

Mailing Address 148 E Johnson Street

City Madison State WI Zip Code 53703-

Purpose of Disbursement
 TRANSFER OF EXCESS FUNDS

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: 41109.E2953
 Date of Disbursement
 11 / 09 / 2004

Amount of Each Disbursement this Period
 15000.00

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

C. Full Name (Last, First, Middle Initial)
 RepublicanPartyof WI

Mailing Address 148 E Johnson Street

City Madison State WI Zip Code 53703-

Purpose of Disbursement
 TRANSFER OF EXCESS FUNDS

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: 41109.E2951
 Date of Disbursement
 10 / 22 / 2004

Amount of Each Disbursement this Period
 15000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ **15000.00**

TOTAL This Period (last page this line number only) ▶ **27000.00**