

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)

| | | | | | | | |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <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)
Westmoreland for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Musgrave for Congress | | Transaction ID: 50328.E1359 Date of Disbursement 03 / 25 / 2005 |
| Mailing Address 5401 Stone Creek Circle, Ste. 777 | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Loveland State CO Zip Code 80538- | Purpose of Disbursement | |
| Candidate Name MARILYN N MUSGRAVE | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Northup for Congress | | Transaction ID: 50328.E1360 Date of Disbursement 03 / 25 / 2005 |
| Mailing Address P.O. Box 7313 | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40257- | Purpose of Disbursement | |
| Candidate Name ANNE M NORTHUP | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Porter for Congress | | Transaction ID: 50328.E1361 Date of Disbursement 03 / 25 / 2005 |
| Mailing Address P.O. Box 26087 | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Las Vegas State NV Zip Code 89126- | Purpose of Disbursement | |
| Candidate Name JON C SR PORTER | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |