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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Christopher Cox Congressional Committee

A.
Full Name (Last, First, Middle Initial)
BEV KILMER FOR CONGRESS

Mailing Address P. O. Box 10278

City Tallahassee | State FL | Zip Code 32302

Purpose of Disbursement
Contribution - Primary

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: FL District: 02

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB21.10232
Date of Disbursement
02 / 25 / 2004

Amount of Each Disbursement this Period
1000.00

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

B.
Full Name (Last, First, Middle Initial)
BILL JONES FOR U S SENATE

Mailing Address 555 W SHAW AVENUE SUITE B-5

City FRESNO | State CA | Zip Code 93704

Purpose of Disbursement
Contribution - General

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: CA District: 00

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB21.10340
Date of Disbursement
03 / 04 / 2004

Amount of Each Disbursement this Period
1000.00

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

C.
Full Name (Last, First, Middle Initial)
BILL MANGER FOR CONGRESS

Mailing Address PO BOX 751

City SOUTHAMPTON | State NY | Zip Code 11969

Purpose of Disbursement
Contribution - Primary

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: NY District: 01

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB21.10234
Date of Disbursement
02 / 25 / 2004

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) ..... ▶ **3000.00**

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