

**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 57 / 60

<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)  
Friends of Jim Clyburn

**A.** Full Name (Last, First, Middle Initial)  
Miller Congressional Campaign

Mailing Address PO Box 20307

City Raleigh State NC Zip Code 27619-0307

Purpose of Disbursement  
011 Contribution (NC-13)

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2002  
Primary X General  
Other (specify) ▼

Category/  
Type

Transaction ID: D232D  
Date of Disbursement  
11 / 01 / 2002

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)  
Ms. Melissa Anderson

Mailing Address 19 Landmark Dr

City Columbia State SC Zip Code 29210-4561

Purpose of Disbursement  
Contribution Local Race

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2002  
Primary X General  
Other (specify) ▼

Category/  
Type  
011

Transaction ID: D230B  
Date of Disbursement  
10 / 28 / 2002

Amount of Each Disbursement this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Rodney Alexander for Congress

Mailing Address 448 Old Winfield Hwy

City Jonesboro State LA Zip Code 71251

Purpose of Disbursement  
011 Contribution- (LA-05)

Candidate Name

Office Sought: House Senate President  
State: District

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

Category/  
Type

Transaction ID: D233D  
Date of Disbursement  
11 / 23 / 2002

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) ▶ **1700.00**

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