

**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 |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Shelley Moore Capito For Congress Committee</p> <p>Mailing Address PO Box 11519</p> <p>City Charleston State WV Zip Code 25339-1519</p> <p>Purpose of Disbursement \$1,000 Election Cycle to Date</p> <p>Candidate Name Shelley Moore Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WV District: 02</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> B-E-20059</p> <p>Date of Disbursement<br/>07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Stivers For Congress</p> <p>Mailing Address 81 S 5th Street</p> <p>City Columbus State OH Zip Code 43215-4323</p> <p>Purpose of Disbursement \$1,000 Election Cycle to Date</p> <p>Candidate Name Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 15</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                              | <p><b>Transaction ID:</b> B-E-20066</p> <p>Date of Disbursement<br/>07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Tom Feeney For Congress</p> <p>Mailing Address PO Box 622345</p> <p>City Oviedo State FL Zip Code 32762-2345</p> <p>Purpose of Disbursement \$1,000 Election Cycle to Date</p> <p>Candidate Name Tom Feeney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 24</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                  | <p><b>Transaction ID:</b> B-E-20063</p> <p>Date of Disbursement<br/>07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |