

**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)
Friends of Roy Blunt

Full Name (Last, First, Middle Initial)

A. Bilirakis for Congress

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606-2893

Purpose of Disbursement
IN KIND - AIRFARE

Candidate Name
GUSMICHAEL BILIRAKIS

Office Sought: House
Senate
President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: FL District: D8

Category/
Type

Transaction ID: 50822.E8286

Date of Disbursement

06 / 04 / 2005

Amount of Each Disbursement this Period

476.00

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

[MEMO ITEM]

MEMO:In Kind - Airfare

Full Name (Last, First, Middle Initial)

B. Missouri Republican Party

Mailing Address P.O. Box 73
204 E. Dunklin

City Jefferson City State MO Zip Code 65102-

Purpose of Disbursement
TRANSFER OF EXCESS CAMPAIGN FUNDS

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2006
Primary General
 Other (specify) ▼

State: District

2005 Annual

Category/
Type

Transaction ID: 50404.E7897

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

50000.00

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

Full Name (Last, First, Middle Initial)

C. Texans for Lamar Smith

Mailing Address 5170 Broadway St Ste 26

City San Antonio State TX Zip Code 78209-5730

Purpose of Disbursement
IN-KIND - AIRFARE

Candidate Name
LAMAR SMITH

Office Sought: House
Senate
President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: TX District: 21

Category/
Type

Transaction ID: 50822.E8285

Date of Disbursement

06 / 03 / 2005

Amount of Each Disbursement this Period

530.00

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

[MEMO ITEM]

MEMO:In-Kind - Airfare

SUBTOTAL of Disbursements This Page (optional) ▶

50000.00

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

50000.00