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)
Tiberi for Congress

A.
Full Name (Last, First, Middle Initial)
Mr. Jack W. Kessler

Mailing Address 4 Bottomley Crescent

City: New Albany | State: OH | Zip Code: 43054-8909

Purpose of Disbursement
Reimbursement for Room Rental

Candidate Name
Steven Latourette

Category/Type: 011

Office Sought: X House / Senate / President
State: District 14

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

Transaction ID: B-S-37
Date of Disbursement: 11 / 06 / 2003

Amount of Each Disbursement this Period: 377.68

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

[MEMO ITEM]
Subitemization of Laboure-tte for Congress(11/06/03)

B.
Full Name (Last, First, Middle Initial)
Citizens for Tim Bubb

Mailing Address 107 Isabelle Road

City: Newark | State: OH | Zip Code: 43055-5211

Purpose of Disbursement
Political Contribution: contribution

Candidate Name
Mr. TimothyE. Bubb

Category/Type: 011

Office Sought: House / Senate / President
State: District

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

Transaction ID: B-E-10638
Date of Disbursement: 12 / 04 / 2003

Amount of Each Disbursement this Period: 500.00

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

(For State/Local Candidate Support)

C.
Full Name (Last, First, Middle Initial)
Davis For Congress

Mailing Address 3181 Dixie Highway
Suite F

City: Erlanger | State: KY | Zip Code: 41018-1841

Purpose of Disbursement
political contribution

Candidate Name
Mr. Geoffrey Davis

Category/Type: 011

Office Sought: X House / Senate / President
State: District 04

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

Transaction ID: B-E-10703
Date of Disbursement: 12 / 30 / 2003

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) ..... ▶ **1500.00**

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