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)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
R. Fred Capps Memorial Golf Tournament

Mailing Address P.O. Box 779

City: Burkesville
State: KY
Zip Code: 42717

Purpose of Disbursement: Contribution

Candidate Name

Category/Type: 012

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21.18107
Date of Disbursement: 08 / 08 / 2005

Amount of Each Disbursement this Period: 240.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶	240.00
TOTAL This Period (last page this line number only) ..... ▶	21490.00