

**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 9 / 12
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TORRICELLI FOR U S SENATE INC

Full Name (Last, First, Middle Initial) A. Democratic National Committee		Transaction ID: SB21.4821 Date of Disbursement 09 / 23 / 2003
Mailing Address 430 S. Capitol Street SE		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Transfer-Excess Campaign Funds Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Election Campaign of Joseph Bryan		Transaction ID: SB21.4817 Date of Disbursement 07 / 07 / 2003
Mailing Address 722 Greenwood Road S.		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Union State NJ Zip Code 07083	Purpose of Disbursement Contribution-Nonfederal Candidate Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ERSKINE BOWLES FOR US SENATE		Transaction ID: SB21.4825 Date of Disbursement 08 / 23 / 2003
Mailing Address 4021 BARRETT DRIVE		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City RALEIGH State NC Zip Code 27609	Purpose of Disbursement Contribution Candidate Name ERSKINE B BOWLES	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	28250.00
TOTAL This Period (last page this line number only)	