

**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 checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Herseih for Congress

Full Name (Last, First, Middle Initial)  
A. Rob Khourek

Mailing Address 1030 Crooked Creek

City Los Altos State CA Zip Code 94024

Purpose of Disbursement  
Contribution Refund Expense

Candidate Name

Office Sought: House Senate President  
State: District

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

010  
Category/  
Type

Transaction ID: D2239  
Date of Disbursement  
09 / 30 / 2004

Amount of Each Disbursement this Period  
2000.00  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
B. Erin McCarrick

Mailing Address 8265 Fondray Ct

City Pleasanton State CA Zip Code 94566

Purpose of Disbursement  
Contribution Refund Expense

Candidate Name

Office Sought: House Senate President  
State: District

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

010  
Category/  
Type

Transaction ID: D2337  
Date of Disbursement  
07 / 17 / 2004

Amount of Each Disbursement this Period  
250.00  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
C. John R. Kaza

Mailing Address P.O. Box K

City Los Altos State CA Zip Code 94023

Purpose of Disbursement  
Contribution Refund Expense

Candidate Name

Office Sought: House Senate President  
State: District

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

010  
Category/  
Type

Transaction ID: D2339  
Date of Disbursement  
08 / 24 / 2004

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) ▶ 3250.00

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