

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

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NAME OF COMMITTEE (In Full)
Friends of Jack Kingston

Full Name (Last, First, Middle Initial)
A. The Clinch County News

Mailing Address 210 East Dame Avenue

City Homerville State GA Zip Code 31634-

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50711.E5678
Date of Disbursement

05 / 09 / 2005

Amount of Each Disbursement this Period

80.00

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

ADVERTISING

Full Name (Last, First, Middle Initial)
B. COLLINS FOR CONGRESS (MAC)

Mailing Address PO BOX 35

City JONESBORO State GA Zip Code 30237-0035

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MICHAEL ALLEN (MAC) COLLINS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: GA District 11

Category/
Type

Transaction ID: 50711.E5688
Date of Disbursement

06 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

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

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Capitol Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
BANQUET BREAKFAST

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: 50426.E5651
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

905.32

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

BANQUET BREAKFAST

SUBTOTAL of Disbursements This Page (optional) ▶

1985.32

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