

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

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NAME OF COMMITTEE (In Full)
 Lewis For Congress Committee

A. Full Name (Last, First, Middle Initial)
 Bev Kilmer for Congress

Mailing Address PO Box 1006

City Quincy State FL Zip Code 32953

Purpose of Disbursement
 Contribution

Candidate Name
 Bev Kilmer

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: FL District: D2

Category/
 Type

Transaction ID: Disb00027407WJ
 Date of Disbursement
 06 / 30 / 2004

Amount of Each Disbursement this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
 Bill Shuster for Congress

Mailing Address 207 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Contribution

Candidate Name
 Bill Shuster

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: PA District: D8

Category/
 Type

Transaction ID: Disb00025885WJ
 Date of Disbursement
 04 / 13 / 2004

Amount of Each Disbursement this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
 Brian Hamel for Congress

Mailing Address

City State Zip Code

Purpose of Disbursement
 Contribution

Candidate Name
 Brian Hamel (ME-02)

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: Disb00027418WJ
 Date of Disbursement
 06 / 29 / 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) ▶ **3000.00**

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