

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 125 / 132

<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

Full Name (Last, First, Middle Initial)
A. Mark Kennedy for Congress

Mailing Address PO Box 49333

City Blaine State MN Zip Code 55449

Purpose of Disbursement
Contribution

Candidate Name
Mark Raymond Kennedy

Office Sought: House
Senate
President

State: MN District D8

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: Disb00027661WJ
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

Full Name (Last, First, Middle Initial)
B. Max Bums for Congress

Mailing Address 113 Mims Street

City Sylvania State GA Zip Code 30467

Purpose of Disbursement
Contribution

Candidate Name
O. Maxie Bums

Office Sought: House
Senate
President

State: GA District 12

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: Disb00027446WJ
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

Full Name (Last, First, Middle Initial)
C. McCaul for Congress, Inc.

Mailing Address 3508 Far West Blvd.
Ste 320

City Austin State TX Zip Code 78731

Purpose of Disbursement
Contribution

Candidate Name
Michael McCaul

Office Sought: House
Senate
President

State: TX District 10

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: Disb00027426WJ
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) ▶