

**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 129 / 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. Southwest Airlines**

Mailing Address P.O. Box 36611

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
inkind/airfare/SuperiorCalif.LdrshpFund

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: Disb00027640WJ  
Date of Disbursement  
05 / 20 / 2004

Amount of Each Disbursement this Period  
394.40

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

**[MEMO ITEM]**  
see 5/20/04 CitiCard

Full Name (Last, First, Middle Initial)  
**B. Superior California Leadership Fund**

Mailing Address 400 Capitol Mall  
Suite 1560

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
inkind contribution-airfare/hodging

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: Disb00027638WJ  
Date of Disbursement  
04 / 18 / 2004

Amount of Each Disbursement this Period  
796.39

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

**[MEMO ITEM]**  
see 5/20/04 The Venetian/  
Southwest Airlines

Full Name (Last, First, Middle Initial)  
**C. Taff for Congress**

Mailing Address PO Box 14455

City Lenexa State KS Zip Code 66285

Purpose of Disbursement  
Contribution

Candidate Name  
Adam Taff

Office Sought:  House Senate President  
State: KS District 03

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: Disb00027420WJ  
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) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►