

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)
Committee to Re-Elect Ron Paul

A.

Full Name (Last, First, Middle Initial)
S.I.D.S.

Mailing Address 100 Medical Dr

City Lake Jackson State TX Zip Code 77566

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 0620912-001
Date of Disbursement

03 / 08 / 2008

Amount of Each Disbursement this Period

950.00

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

[MEMO ITEM]
MEMO

B.

Full Name (Last, First, Middle Initial)
Sabrin for Senate

Mailing Address 30 Montgomery St Ste 120

City Jersey City State NJ Zip Code 07302

Purpose of Disbursement
Federal Contribution

Candidate Name
Murray Sabrin

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 00

Transaction ID: 0620868
Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
Doug Lamborn for Congress

Mailing Address PO Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement
Federal Contribution

Candidate Name
Doug Lamborn

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District: 05

Transaction ID: 0620873
Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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