

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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|--|------------------|
| NAME OF COMMITTEE (in Full) Daniel Webster for U.S. Senate | C00390120 |
|--|------------------|

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Lawrence J. DeGeorge | | Transaction ID: D001701 | |
| Mailing Address 176 Spyglass Lane | | Date of Disbursement 05 / 14 / 2004 | |
| City Jupiter | State FL | Zip Code 33477 | Amount of Each Disbursement this Period 2000.00 |
| Purpose of Disbursement contribution refund | | Category/ Type 22Y | <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: | Disbursement For: | | |
| State: District: | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. R. Bruce Deardoff | | Transaction ID: D00BZ01 | |
| Mailing Address 509 E. Nasa Blvd. | | Date of Disbursement 05 / 14 / 2004 | |
| City Melbourne | State FL | Zip Code 32901 | Amount of Each Disbursement this Period 2000.00 |
| Purpose of Disbursement contribution refund | | Category/ Type 22Y | <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: | Disbursement For: | | |
| State: District: | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ | | |

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|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Sandra M. Deardoff | | Transaction ID: D00Ba01 | |
| Mailing Address 509 E. Nasa Blvd. | | Date of Disbursement 05 / 14 / 2004 | |
| City Melbourne | State FL | Zip Code 32901 | Amount of Each Disbursement this Period 2000.00 |
| Purpose of Disbursement contribution refund | | Category/ Type 22Y | <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: | Disbursement For: | | |
| State: District: | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ | | |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | 18100.00 |