

**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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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Collins for Senator D00314575

Full Name (Last, First, Middle Initial) A. Brian Hamel For Congress		Transaction ID: 041220043E3187 Date of Disbursement: 03 / 31 / 2004	
Mailing Address PO Box 270		Amount of Each Disbursement this Period 1000.00	
City Presque Isle	State ME	Zip Code 04769-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PRIMARY ELECTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Brian Hamel For Congress		Transaction ID: 041220043E3188 Date of Disbursement: 03 / 31 / 2004	
Mailing Address PO Box 270		Amount of Each Disbursement this Period 1000.00	
City Presque Isle	State ME	Zip Code 04769-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement GENERAL ELECTION DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Charlie Summers For Congress		Transaction ID: 041220043E3186 Date of Disbursement: 03 / 31 / 2004	
Mailing Address PO Box 362		Amount of Each Disbursement this Period 1000.00	
City Portland	State ME	Zip Code 04112-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement GENERAL ELECTION DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	