

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Lee for Congress

A. Full Name (Last, First, Middle Initial) James Buzzard <hr/> Mailing Address 99 Rolling Meadow Ln <hr/> City East Amherst State NY Zip Code 14051-1807 <hr/> Purpose of Disbursement Refund of Contribution refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012	Transaction ID: 10408.E6386 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 535.00
	Category/ Type 010
	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
B. Full Name (Last, First, Middle Initial) Harlan Calkins <hr/> Mailing Address 105 Country Club Dr <hr/> City Rochester State NY Zip Code 14618-3721 <hr/> Purpose of Disbursement Refund of Contribution refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012	Transaction ID: 10413.E7083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 010
	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
C. Full Name (Last, First, Middle Initial) William Calnon <hr/> Mailing Address 116 Colby St <hr/> City Spencerport State NY Zip Code 14559-9711 <hr/> Purpose of Disbursement Refund of Contribution refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012	Transaction ID: 10408.E6393 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 200.00
	Category/ Type 010
	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012

SUBTOTAL of Disbursements This Page (optional) ▶

1735.00

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