

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 136 / 205

<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

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

NAME OF COMMITTEE (In Full)
Chris Lee for Congress

A.	Full Name (Last, First, Middle Initial) Gerald Lippes <hr/> Mailing Address 665 Main St - Ste 300 <hr/> City Buffalo State NY Zip Code 14203- <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.E7149 Date of Disbursement 03 / 03 / 2011 <hr/> Amount of Each Disbursement this Period 2400.00 <hr/> 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) Kevin LoVullo <hr/> Mailing Address 610 Cottonwood Dr <hr/> City Williamsville State NY Zip Code 14221-1356 <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.E7151 Date of Disbursement 03 / 03 / 2011 <hr/> Amount of Each Disbursement this Period 2400.00 <hr/> 010 Category/ Type
C.	Full Name (Last, First, Middle Initial) Leonard LoVullo <hr/> Mailing Address 2 Landing Creek Ct <hr/> City Williamsville State NY Zip Code 14221-2001 <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.E7150 Date of Disbursement 03 / 03 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5800.00

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