

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

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) Ari Storch	Transaction ID: 10413.E7234 Date of Disbursement 03 / 04 / 2011
	Mailing Address Kingsbrook Partners 590 Madison Ave - Ste 701	Amount of Each Disbursement this Period 1000.00
	City New York State NY Zip Code 10028-	
	Purpose of Disbursement Refund of Contribution REFUND Candidate Name	010 Category/ Type
	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

B.	Full Name (Last, First, Middle Initial) Nora Sullivan	Transaction ID: 10413.E7257 Date of Disbursement 03 / 17 / 2011
	Mailing Address 4042 Foxwood Ln	Amount of Each Disbursement this Period 2400.00
	City Williamsville State NY Zip Code 14221-7368	
	Purpose of Disbursement Refund of Contribution refund Candidate Name	010 Category/ Type
	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

C.	Full Name (Last, First, Middle Initial) Thomas Summers	Transaction ID: 10408.E6158 Date of Disbursement 03 / 11 / 2011
	Mailing Address 13 Mourning Dove Ct	Amount of Each Disbursement this Period 300.00
	City Orchard Park State NY Zip Code 14127-3000	
	Purpose of Disbursement Refund of Contribution refund Candidate Name	010 Category/ Type
	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

SUBTOTAL of Disbursements This Page (optional)

3700.00

TOTAL This Period (last page this line number only)