

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

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NAME OF COMMITTEE (In Full)  
Lewis For Congress Committee

Full Name (Last, First, Middle Initial)  
**A. Friends of Duane Sand**

Mailing Address PO Box 2685

City Fargo State ND Zip Code 58102

Purpose of Disbursement Contribution

Candidate Name Duane Allen Sand

Office Sought:  House  Senate  President

Disbursement For: 2004  
Primary  General  Other (specify) ▼

State: ND District: D1

Transaction ID: 1096341203939  
Date of Disbursement  
09 / 27 / 2004

Amount of Each Disbursement this Period  
1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. Friends of Ed Laning for Congress**

Mailing Address 6211 Sierra Ave.  
#1312

City Fontana State CA Zip Code 92336

Purpose of Disbursement Contribution

Candidate Name Ed Laning

Office Sought:  House  Senate  President

Disbursement For: 2004  
Primary  General  Other (specify) ▼

State: CA District: 43

Transaction ID: 1095257630431  
Date of Disbursement  
09 / 08 / 2004

Amount of Each Disbursement this Period  
1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**C. Goli Ameri for Congress 2004**

Mailing Address 13500 SW Pacific Hwy #417

City Tigard State OR Zip Code 97223

Purpose of Disbursement contribution

Candidate Name Goli Ameri

Office Sought:  House  Senate  President

Disbursement For: 2004  
Primary  General  Other (specify) ▼

State: OR District: 01

Transaction ID: 1096994519131  
Date of Disbursement  
09 / 30 / 2004

Amount of Each Disbursement this Period  
1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3000.00**

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