

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 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)
 Christopher Cox Congressional Committee

Full Name (Last, First, Middle Initial)
A. Diana Hsia

Mailing Address 135 Starcrest

City Irvine State CA Zip Code 92612

Purpose of Disbursement
 Refund Contribution

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB20A.11205
 Date of Disbursement
 08 / 30 / 2004

Amount of Each Disbursement this Period
 2000.00

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

Full Name (Last, First, Middle Initial)
B. Jeffrey S. Moorad

Mailing Address 500 Newport Center Drive

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
 Refund

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB20A.11315
 Date of Disbursement
 09 / 09 / 2004

Amount of Each Disbursement this Period
 500.00

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

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00