

**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)
Nita Lowey for Congress

Full Name (Last, First, Middle Initial)
A. LOIS MURPHY FOR CONGRESS

Mailing Address P.O. Box 1006

City Paoli State PA Zip Code 19301

Purpose of Disbursement
Contribution

Candidate Name
MURPHY, LOIS

Office Sought: House
Senate
President
State: PA District D6

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88239
Date of Disbursement

09 / 22 / 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. PATTY WETTERLING FOR CONGRESS

Mailing Address PO BOX 1334

City Saint Cloud State MN Zip Code 56302

Purpose of Disbursement
Contribution

Candidate Name
WETTERLING, PATTY

Office Sought: House
Senate
President
State: MN District D6

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88241
Date of Disbursement

09 / 22 / 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. PAUL HODES FOR CONGRESS

Mailing Address 107 STORRS STREET

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
HODES, PAUL W

Office Sought: House
Senate
President
State: NH District D2

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D88242
Date of Disbursement

09 / 23 / 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) ▶