

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Kirk For Congress

Full Name (Last, First, Middle Initial) <b>A. Lake County Republican Federation</b>		Transaction ID: D117200446E2827 Date of Disbursement 10 / 29 / 2003	
Mailing Address 322 Peterson Rd.			
City Libertyville	State IL	Zip Code 60048-	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FALL DINNER		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary      General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. New Trier Republican Organization</b>		Transaction ID: D117200446E2842 Date of Disbursement 10 / 09 / 2003	
Mailing Address 509 Park Drive c/o T. Tolbert Chisum			
City Kenilworth	State IL	Zip Code 60043-1082	Amount of Each Disbursement this Period  1250.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FALL DINNER		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary      General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. KY-08 Republican General Election Comm</b>		Transaction ID: D117200446E2896 Date of Disbursement 10 / 29 / 2003	
Mailing Address PO Box 1721			
City Washington	State DC	Zip Code 20013-	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary      General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	