

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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Missourians For Matt Blunt

Mailing Address P.O. Box 695

City Jefferson City State MO Zip Code 65102-

Purpose of Disbursement
Contribution to State Election

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/Type 011

Transaction ID: D623200456E11D8
Date of Disbursement
06 / 21 / 2004

Amount of Each Disbursement this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mitch Daniels for Governor

Mailing Address 1032 E Washington St

City Indianapolis State IN Zip Code 46202-3053

Purpose of Disbursement
Contribution to State Election

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/Type 011

Transaction ID: D602200439E1050
Date of Disbursement
04 / 28 / 2004

Amount of Each Disbursement this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Oklahoma Victory Fund 2004

Mailing Address PO Box 1072

City Oklahoma City State OK Zip Code 73101-1072

Purpose of Disbursement
EXCESS CAMPAIGN FUNDS

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: D602200439E1051
Date of Disbursement
04 / 28 / 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) ▶