

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)
 Kirk For Congress

Full Name (Last, First, Middle Initial)
A. Republicans of Wheeling Township

Mailing Address P.O. Box 1506

City Arlington Heights State IL Zip Code 60006-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
 Type

Transaction ID: 41122.E3550
 Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

5000.00

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

Full Name (Last, First, Middle Initial)
B. Shays for Congress

Mailing Address 68 East Avenue Rear Building

City Norwalk State CT Zip Code 06851-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 CHRISTOPHER SHAYS

Office Sought: x House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: CT District D4

Category/
 Type

Transaction ID: 41122.E3531
 Date of Disbursement

10 / 29 / 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. Tauzin for Congress

Mailing Address 701 Bayou Lane
 P.O. Box 647

City Thibodaux State LA Zip Code 70302-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
 Type

Transaction ID: 41122.E3534
 Date of Disbursement

11 / 04 / 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) ▶ **7000.00**

TOTAL This Period (last page this line number only) ▶ **15199.42**