

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)

<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)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Jack Thorsen

Mailing Address 136 Cabot St.

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7904
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)
eric trafficie

Mailing Address 1050 turnpike road

City new ipswich State NH Zip Code 03071

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7898
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
Brian Travis

Mailing Address 17011 Lincoln Ave
Suite 105

City Parker State CO Zip Code 80134

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7862
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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