

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Joe Wilson For Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Ralph Norman for Congress</b>		<b>Transaction ID:</b> B-E-11574 <b>Date of Disbursement</b> 10 / 19 / 2005
Mailing Address PO Box 36335		Amount of Each Disbursement this Period 4000.00
City Rock Hill State SC Zip Code 29732-0505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement primary 06 and general 06 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tom DeLay for Congress</b>		<b>Transaction ID:</b> B-E-11603 <b>Date of Disbursement</b> 12 / 06 / 2005
Mailing Address 7002 Riverbrook Drive Suite 200		Amount of Each Disbursement this Period 4000.00
City Sugar Land State TX Zip Code 77479-6582	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TX-22 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2000 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P2000	

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		<b>Transaction ID:</b> B-E-11599 <b>Date of Disbursement</b> 11 / 21 / 2005
Mailing Address 1700 Lady Street		Amount of Each Disbursement this Period 37.00
City Columbia State SC Zip Code 29201-3447	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8037.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____