

**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)  
 Ron Lewis for Congress

Full Name (Last, First, Middle Initial)  
**A. Collins for Senate**

Mailing Address PO Box 724494

City Atlanta State GA Zip Code 31139-

Purpose of Disbursement  
 CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D719200424E4044  
 Date of Disbursement  
 05 / 28 / 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)  
**B. Crane for Congress**

Mailing Address P. O. Box 8534

City Rolling Meadows State IL Zip Code 60008-

Purpose of Disbursement  
 CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D719200424E4061  
 Date of Disbursement  
 06 / 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. Demint For Senate**

Mailing Address 701 Gervais Street  
 Suite 150-178

City Columbia State SC Zip Code 29201-

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D719200424E4028  
 Date of Disbursement  
 05 / 20 / 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) ▶