

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)
 John Shadeggs Friends

A. Full Name (Last, First, Middle Initial)
 Kenny Marchant For Congress

Mailing Address P.O. Box 110187

City Carrollton State TX Zip Code 75011-

Purpose of Disbursement
 CAMPAIGN CONTRIBUTION TX-24

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: 41201.E6533
 Date of Disbursement
 10 / 15 / 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)
 Kobach for Congress

Mailing Address Post Office Box 12224

City Shawnee Mission State KS Zip Code 66282-

Purpose of Disbursement
 CAMPAIGN CONTRIBUTION KS-03

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: 41201.E6544
 Date of Disbursement
 10 / 15 / 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)
 Kuhl for Congress

Mailing Address PO Box 32B

City Bath State NY Zip Code 14810-

Purpose of Disbursement
 CAMPAIGN CONTRIBUTION NY-25

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: 41201.E6526
 Date of Disbursement
 10 / 15 / 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) ▶