

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)
Coble for Congress

Full Name (Last, First, Middle Initial) A. NC Republican Party		Transaction ID: 60417.E2316 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address c/o Ed McMahan 5815 Westpark Dr.		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28217-	Purpose of Disbursement CONTRIBUTION/EXCESSIVE FUNDS 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. NRCC		Transaction ID: 60313.E2306 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement TRANSFER CAMPAIGN FUNDS 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) C. Rowan County GOP		Transaction ID: 60417.E2323 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address c/o Donna Peeler 1520 Cresant Rd.		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockwell State NC Zip Code 28138-	Purpose of Disbursement DONATION/EXCESSIVE CAMPAIGN FUNDS 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	35500.00
TOTAL This Period (last page this line number only) ▶	35500.00