

**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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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Bill White for Texas

A. Full Name (Last, First, Middle Initial) Peter Coneway		Date of Disbursement M M / D D / Y Y Y Y 12 12 / 2009	
Mailing Address 2247 Troon Road			
City Houston, TX	State TX	Zip Code 770191417	Amount of Each Disbursement this Period 2,400.00
Purpose of Disbursement Refund of contribution		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

B. Full Name (Last, First, Middle Initial) Barbara Conway		Date of Disbursement M M / D D / Y Y Y Y 12 14 / 2009	
Mailing Address 239 S 5th Street, Suite 1800			
City Louisville, KY	State KY	Zip Code 402023233	Amount of Each Disbursement this Period 2,400.00
Purpose of Disbursement Refund of contribution		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

C. Full Name (Last, First, Middle Initial) Elizabeth Conway		Date of Disbursement M M / D D / Y Y Y Y 12 14 / 2009	
Mailing Address 5205 Blakley Ridge Road			
City Louisville, KY	State KY	Zip Code 402225995	Amount of Each Disbursement this Period 2,400.00
Purpose of Disbursement Refund of contribution		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: G2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	7,200.00
TOTAL This Period (last page this line number only).....	

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