

**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 checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Albert Mercer

Mailing Address 2609 Kensington Aly

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
Refund of Contribution Insuffient Funds

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 60809.E5342

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

2000.00
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00