

**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 checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 ZUPANCIC FOR CONGRESS 2004, INC

Full Name (Last, First, Middle Initial) A. The Oregon Republican Party		Transaction ID: SB17.4597 Date of Disbursement 09 / 16 / 2003		
Mailing Address P.O. Box 789		Amount of Each Disbursement this Period  250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Salem	State OR			Zip Code 97308
Purpose of Disbursement Fundraising event				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	32903.94