

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
MARION BERRY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A.** Matheson For Congress

Mailing Address 677 South 200 West, Suite A

City Salt Lake City State UT Zip Code 84101-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JIMMR. MATHESON

Office Sought:  House  
Senate  
President  
State: UT District: D2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: D7142D0424E1843  
Date of Disbursement

05 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**B.** Michaud for Congress

Mailing Address 16 Common St

City Waterville State ME Zip Code 04601-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MICHAELH MICHAUD

Office Sought:  House  
Senate  
President  
State: ME District: D2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: D7142D0424E1845  
Date of Disbursement

05 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

**C.** Moore For Congress

Mailing Address P. O. Box 14831

City Shawnee Mission State KS Zip Code 66285-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
DENNIS MOORE

Office Sought:  House  
Senate  
President  
State: KS District: D3

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D7142D0424E1847  
Date of Disbursement

05 / 04 / 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) ▶