

**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)  
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial)  
**A. BUTTERFIELD FOR CONGRESS COMMITTEE**

Mailing Address 800 W HINES STREET

City WILSON State NC Zip Code 27893

Purpose of Disbursement  
Contribution

Candidate Name  
G. K. Butterfield

Office Sought:  House  Senate  President  
State: NC District 1

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼  
Special

Category/  
Type

Transaction ID: D334B  
Date of Disbursement  
06 / 18 / 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. Jimmie Lou Fisher for Governor**

Mailing Address PO Box 1554

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
Non-Federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: D331D  
Date of Disbursement  
06 / 05 / 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. BRIAN HIGGINS FOR CONGRESS**

Mailing Address PO BOX 28

City BUFFALO State NY Zip Code 14220

Purpose of Disbursement  
Contribution

Candidate Name  
Brian Higgins

Office Sought:  House  Senate  President  
State: NY District 27

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: D3367  
Date of Disbursement  
06 / 28 / 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) ..... ▶