

**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)  
Christopher Cox Congressional Committee

Full Name (Last, First, Middle Initial) A. Friends of Tim Johnson		Transaction ID: SB21.9288 Date of Disbursement 08 / 04 / 2003	
Mailing Address Post Office Box 17097		Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Urbana	State IL		Zip Code 61820
Purpose of Disbursement Contribution - Primary			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL	District: 15		

Full Name (Last, First, Middle Initial) B. Friends of Tim Johnson		Transaction ID: SB21.9290 Date of Disbursement 08 / 04 / 2003	
Mailing Address Post Office Box 17097		Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Urbana	State IL		Zip Code 61820
Purpose of Disbursement Contribution - General			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL	District: 15		

Full Name (Last, First, Middle Initial) C. NRCC		Transaction ID: SB21.9382 Date of Disbursement 08 / 25 / 2003	
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period  25000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement Transfer Excess Funds			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>27000.00</b>
TOTAL This Period (last page this line number only) .....	▶	