

**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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20b  18a  
20c  19b  
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NAME OF COMMITTEE (In Full)  
Sam Brownback for U.S. Senate

Full Name (Last, First, Middle Initial) <b>A. Tom Coburn for US Senate</b>		Transaction ID: 0826200414E3436 Date of Disbursement 08 / 16 / 2004	
Mailing Address PO Box 977			
City Muskogee	State OK	Zip Code 74402-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. DeMint for Senate</b>		Transaction ID: 0826200414E3438 Date of Disbursement 08 / 16 / 2004	
Mailing Address PO Box 12425			
City Columbia	State SC	Zip Code 29211-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kobach for Congress</b>		Transaction ID: 0812200410E3388 Date of Disbursement 08 / 04 / 2004	
Mailing Address 8619 Hauser			
City Shawnee Mission	State KS	Zip Code 66215-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>BUBTOTAL</b> of Disbursements This Page (optional)	3000.00
<b>TOTAL</b> This Period (last page this line number only)	