

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)

PAGE 25 / 25

| | | | | | | | |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <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 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
 EHLERS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. HEATHER WILSON FOR CONGRESS

Mailing Address P.O. BOX 14070
 P.O. BOX 14070

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement
 Transfer of Excess funds - Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: NM District: D1

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB21.12575

Date of Disbursement

10 / 28 / 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. NANCY NAPLES FOR CONGRESS

Mailing Address PO BOX 1261

City BUFFALO State NY Zip Code 14205

Purpose of Disbursement
 Transfer of Excess funds - Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: NY District: 27

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB21.12587

Date of Disbursement

10 / 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) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

2000.00