

**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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NAME OF COMMITTEE (In Full)  
 Friends of Connie Morella for Congress

Full Name (Last, First, Middle Initial) A. Gilchrest for Congress		Transaction ID: D8112D0339E5382 Date of Disbursement 05 / 15 / 2003	
Mailing Address P.O. Box 644			
City Chestertown	State MD	Zip Code 21620-	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Gilchrest for Congress		Transaction ID: D8112D0339E5383 Date of Disbursement 05 / 09 / 2003	
Mailing Address P.O. Box 644			
City Chestertown	State MD	Zip Code 21620-	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	2000.00