

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)

<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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Bev Perdue Committee

Mailing Address PO Box 12086

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contributions

Candidate Name
Bev Perdue Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D206070
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
BRIGHT FOR CONGRESS.COM

Mailing Address P.O.Box 2106

City Montgomery State AL Zip Code 36102

Purpose of Disbursement
CONTRIBUTIONS

Candidate Name
Bobby Neal Bright

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 02

Transaction ID: D206056
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
CARMOUCHE FOR CONGRESS INC

Mailing Address 912 KINGS HIGHWAY

City SHREVEPORT State LA Zip Code 71104

Purpose of Disbursement
Contributions

Candidate Name
Paul Carmouche

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 04

Transaction ID: D206189
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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