

# 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)  
Mike Montagano for Congress

Transaction ID: D206068

Date of Disbursement

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

Mailing Address PO BOX 615

Amount of Each Disbursement this Period

1000.00
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City State Zip Code  
GOSHEN IN 46527

Purpose of Disbursement

Contributions

Category/  
Type

Candidate Name  
Michael MONTAGANO

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

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

B.

Full Name (Last, First, Middle Initial)  
Phil Haire for NC House

Transaction ID: D206074

Date of Disbursement

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

Mailing Address PO Box 727

Amount of Each Disbursement this Period

1000.00
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City State Zip Code  
Sylva NC 28779

Purpose of Disbursement

Contributions

Category/  
Type

Candidate Name  
Phil Haire for NC House

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

C.

Full Name (Last, First, Middle Initial)  
Snow for Senate Committee

Transaction ID: D206075

Date of Disbursement

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

Mailing Address 105 Van Horn Street

Amount of Each Disbursement this Period

1000.00
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City State Zip Code  
Murphy NC 28906

Purpose of Disbursement

Contributions

Category/  
Type

Candidate Name  
Snow for Senate Committee

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

SUBTOTAL of Disbursements This Page (optional) .....

3000.00
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TOTAL This Period (last page this line number only) .....

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