

**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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<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)  
 Coble for Congress

Full Name (Last, First, Middle Initial)  
**A. High Point Repub. Party**

Mailing Address c/o Dwight Story  
 304 Shuler Circle

City Thomasville State NC Zip Code 27960-

Purpose of Disbursement  
 CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 1006200453E2114  
 Date of Disbursement  
 10 / 01 / 2004

Amount of Each Disbursement this Period  
 500.00

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

Full Name (Last, First, Middle Initial)  
**B. Kris Kobach for Congress**

Mailing Address PO Box 12224

City Overland Park State KS Zip Code 66282-

Purpose of Disbursement  
 CAMPAIGN CONTRIBUTION

Candidate Name  
 KRIS KOBACH

Office Sought: x House Senate President  
 State: KS District 03

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 41012.E2148  
 Date of Disbursement  
 10 / 01 / 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)  
**C. Bill Manger for Congress**

Mailing Address PO Box 751

City Southampton State NY Zip Code 11969-

Purpose of Disbursement  
 CAMPAIGN CONTRIBUTION

Candidate Name  
 WILLIAM MANGER

Office Sought: x House Senate President  
 State: NY District 01

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 1006200453E2133  
 Date of Disbursement  
 10 / 01 / 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) ▶ **2500.00**

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