

**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. Cathy McMorris for Congress

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210-

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name
CATHY MCMORRIS

Office Sought: House
Senate
President

State: WA District: D5

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 1008200453E2142
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)
B. Nancy Naples for Congress

Mailing Address PO Box 1261

City Buffalo State NY Zip Code 14205-

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name
NANCYA NAPLES

Office Sought: House
Senate
President

State: NY District: 27

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 1008200453E2134
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. Ted Poe for Congress

Mailing Address PO Box 14222

City Humble State TX Zip Code 77347-

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name
TED POE

Office Sought: House
Senate
President

State: TX District: 02

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 41012.E2151
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) ▶

3000.00

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