

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)
Friends of Zach Wamp

Full Name (Last, First, Middle Initial)
A. Alexander for Senate

Mailing Address 1130 Eighth Ave., S

City Nashville State TN Zip Code 37203-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LAMAR ALEXANDER

Office Sought: House Disbursement For: 2004
 Senate Primary General
President Other (specify) ▼

State: TN District: D0

Category/
Type

Transaction ID: D412200414E2484
Date of Disbursement

02 / 19 / 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. Coburn for Senate

Mailing Address 3300 W. Okmulgee

City Muskogee State OK Zip Code 74401-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS COBURN

Office Sought: House Disbursement For: 2004
 Senate Primary General
President Other (specify) ▼

State: OK District: D0

Category/
Type

Transaction ID: D412200414E2500
Date of Disbursement

03 / 29 / 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. DeMint for Senate

Mailing Address 717 Lady Street

City Columbia State SC Zip Code 29202-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JAMES W. DEMINT

Office Sought: House Disbursement For: 2004
 Senate Primary General
President Other (specify) ▼

State: SC District: D0

Category/
Type

Transaction ID: D412200414E2498
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

500.00

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) ▶