

**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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Schumer 98

Full Name (Last, First, Middle Initial)

A. Robert Loeff

 Mailing Address c/o Loeff Cabraser Heimann & Berns  
 275 Battery St., 30th Floor

City	State	Zip Code
San Francisco	CA	94111

 Purpose of Disbursement  
 Refund of Contribution

Candidate Name

 D10  
 Category/  
 Type

Office Sought:	House Senate President	Disbursement For:	1998 X Primary General Other (specify) ▼
State:	District:		

Transaction ID: D292

Date of Disbursement

Month	Day	Year
04	04	2003

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. Donald Miller

Mailing Address 10704 Riverwood Dr.

City	State	Zip Code
Potomac	MD	20854

 Purpose of Disbursement  
 Refund of Contribution

Candidate Name

 D10  
 Category/  
 Type

Office Sought:	House Senate President	Disbursement For:	1998 X Primary General Other (specify) ▼
State:	District:		

Transaction ID: D244

Date of Disbursement

Month	Day	Year
04	04	2003

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

C. Lucy Minor

Mailing Address 328 Ravine Drive

City	State	Zip Code
Highland Park	IL	60035-3344

 Purpose of Disbursement  
 Refund of Contribution

Candidate Name

 010  
 Category/  
 Type

Office Sought:	House Senate President	Disbursement For:	1998 Primary X General Other (specify) ▼
State:	District:		

Transaction ID: D289

Date of Disbursement

Month	Day	Year
04	04	2003

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)

3500.00

TOTAL This Period (last page this line number only)