

**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 SAM JOHNSON

Full Name (Last, First, Middle Initial)  
A. Kris Kobach-KS/03 Candidate

Mailing Address PO Box 12224

City Overland Park State KS Zip Code 66282

Purpose of Disbursement  
Political Campaign Contributions

Candidate Name

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

State: District

011  
Category/  
Type

Transaction ID: D029066  
Date of Disbursement

10 / 05 / 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. Kevin Triplett-VA/09 Candidate

Mailing Address 205 West Main St., Suite 28

City Abingdon State VA Zip Code 24210

Purpose of Disbursement  
Political Campaign Contributions

Candidate Name

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

State: District

011  
Category/  
Type

Transaction ID: D029067  
Date of Disbursement

10 / 05 / 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. Cong. Ralph M. Hall-TX/04 US Rep.

Mailing Address PO Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement  
Political Campaign Contributions

Candidate Name

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

State: District

011  
Category/  
Type

Transaction ID: D029068  
Date of Disbursement

10 / 05 / 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) ▶