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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Friends of Roy Blunt

A.
Full Name (Last, First, Middle Initial)
Pete Sessions for Congress 2004

Mailing Address 6750 Hillcrest Plaza Drive #217

City: Dallas | State: TX | Zip Code: 75230-

Purpose of Disbursement: FEDERAL CONTRIBUTION - TX 32

Candidate Name: PETEMR. SESSIONS

Office Sought: X House / Senate / President

State: TX District: 32

Disbursement For: 2004 Primary X General Other (specify)

Category/Type

Transaction ID: 41015.E7223
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

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

B.
Full Name (Last, First, Middle Initial)
MO Farm Bureau Federation

Mailing Address Statewide Farm PAC
701 S. Countryclub Drive

City: Jefferson City | State: MO | Zip Code: 65109-

Purpose of Disbursement: CONTRIBUTION

Candidate Name:

Office Sought: House / Senate / President

State: District:

Disbursement For: 2004 Primary X General Other (specify)

Category/Type

Transaction ID: 10212D0449E7260
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 5000.00

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

C.
Full Name (Last, First, Middle Initial)
Graves for Congress

Mailing Address 4701 NW 82nd St

City: Kansas City | State: MO | Zip Code: 64151-1102

Purpose of Disbursement: FEDERAL CONTRIBUTION - MO 6

Candidate Name: SAMUELB(SAM) GRAVES

Office Sought: X House / Senate / President

State: MO District: 06

Disbursement For: 2004 Primary X General Other (specify)

Category/Type

Transaction ID: 41015.E7224
Date of Disbursement: 10 / 14 / 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) ..... ▶ **7000.00**

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