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

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NAME OF COMMITTEE (In Full)
LEE, SHEILA JACKSON

A.
Full Name (Last, First, Middle Initial)
CONNEALY, MATTHEW JAMES

Mailing Address 2999 OLD HIGHWAY 116

City: DECATUR State: NE Zip Code: 68020

Purpose of Disbursement: contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: NE District: 01

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB21.9091
Date of Disbursement: 10 / 22 / 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)
Dale Gorczyuski for Justice

Mailing Address 7300 North Shepherd, Rm 138

City: Houston State: TX Zip Code: 77001

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB21.9189
Date of Disbursement: 10 / 26 / 2004

Amount of Each Disbursement this Period: 250.00

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

C.
Full Name (Last, First, Middle Initial)
DALY FOR CONGRESS

Mailing Address PO BOX 241088

City: APPLE VALLEY State: MN Zip Code: 55124

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: MN District: 02

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB21.9086
Date of Disbursement: 10 / 22 / 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) ..... ▶ **2250.00**

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