SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate 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)
Leahy for U.S. Senator Committee, Inc.

A.
Full Name (Last, First, Middle Initial): Betty Castor for Senate
Mailing Address: 2101 East Palm Avenue
City: Tampa State: FL Zip Code: 33605-3915
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D3288
Date of Disbursement: 08 / 31 / 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): Betty Castor for Senate
Mailing Address: 2101 East Palm Avenue
City: Tampa State: FL Zip Code: 33605-3915
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: D3289
Date of Disbursement: 08 / 31 / 2004
Amount of Each Disbursement this Period: 1000.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Democratic Senatorial Campaign Committee
Mailing Address: 120 Maryland Ave. NE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: D3382
Date of Disbursement: 09 / 22 / 2004
Amount of Each Disbursement this Period: 50000.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 52000.00

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