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)
LARSON FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF JON JENNINGS COMMITTEE

Mailing Address PO BOX 3155

City: EVANSVILLE | State: IN | Zip Code: 47731

Purpose of Disbursement: Contribution

Candidate Name: FRIENDS OF JON JENNINGS COMMITTEE

Category/Type

Office Sought: X House / Senate / President
State: IN District: 08

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB21.18435
Date of Disbursement: 09 / 27 / 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)
GALLAGHER FOR CONGRESS

Mailing Address 6100 ELTON AVENUE SUITE 1000

City: LAS VEGAS | State: NV | Zip Code: 89107

Purpose of Disbursement: Contribution

Candidate Name: GALLAGHER FOR CONGRESS

Category/Type

Office Sought: X House / Senate / President
State: NV District: 03

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB21.18445
Date of Disbursement: 09 / 27 / 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)
Greater Hartford Branch NAACP

Mailing Address P.O. Box 1012

City: Hartford | State: CT | Zip Code: 06143

Purpose of Disbursement: Advertising; event tickets

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For:
Primary / General / Other (specify)

Transaction ID: SB21.18402
Date of Disbursement: 08 / 31 / 2004

Amount of Each Disbursement this Period: 400.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2400.00**

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