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)
Christopher Cox Congressional Committee

A.
Full Name (Last, First, Middle Initial)
GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Contribution - General

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary X General Other (specify)

State: GA District: 11

Transaction ID: SB21.10128
Date of Disbursement 02 / 24 / 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)
GRAVES FOR CONGRESS

Mailing Address 4701 NW 82nd Street

City Kansas City State MO Zip Code 64151

Purpose of Disbursement
Contribution - Primary

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

Disbursement For: 2004 X Primary General Other (specify)

State: MO District: 06

Transaction ID: SB21.10121
Date of Disbursement 02 / 24 / 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)
GRAVES FOR CONGRESS

Mailing Address 4701 NW 82nd Street

City Kansas City State MO Zip Code 64151

Purpose of Disbursement
Contribution - General

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary X General Other (specify)

State: MO District: 06

Transaction ID: SB21.10123
Date of Disbursement 02 / 24 / 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) ..... ▶