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)
CITIZENS FOR HARKIN

A.
Full Name (Last, First, Middle Initial): FRANKEN RECOUNT FUND
Mailing Address: 4190 VINEWOOD LANE #111-554
City: MINNEAPOLIS State: MN Zip Code: 55442
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: SB21.113899
Date of Disbursement: 11 / 19 / 2008
Amount of Each Disbursement this Period: 2000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Iowa Democratic Party
Mailing Address: 5661 Fleur Drive
City: Des Moines State: IA Zip Code: 50321
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: SB21.113776
Date of Disbursement: 10 / 17 / 2008
Amount of Each Disbursement this Period: 50000.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Linn County Democrats
Mailing Address: PO Box 574
City: Cedar Rapids State: IA Zip Code: 52406
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: SB21.113826
Date of Disbursement: 10 / 31 / 2008
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) ▶ 53000.00

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

28020725555