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)
Friends of 'Duke' Cunningham

A.
Full Name (Last, First, Middle Initial)
Katherine Harris for Congress

Mailing Address P.O. Box 25187

City: Sarasota | State: FL | Zip Code: 34277

Purpose of Disbursement: Political Contribution

Candidate Name: Katherine Harris

Category/Type: 011

Office Sought: X House / Senate / President

State: FL District: 13

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: B211743
Date of Disbursement: 10 / 04 / 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)
Marsha Blackburn for Congress

Mailing Address P.O. Box 682185

City: Franklin | State: TN | Zip Code: 37068

Purpose of Disbursement: Political Contribution

Candidate Name: Marsha Blackburn

Category/Type: 011

Office Sought: X House / Senate / President

State: TN District: 7

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: B211742
Date of Disbursement: 10 / 04 / 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)
S.D.County GOP

Mailing Address 8420 Farnham #215

City: San Diego | State: CA | Zip Code: 92123

Purpose of Disbursement: Political Contribution

Candidate Name:

Category/Type: 011

Office Sought: House / Senate / President

State: District:

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: B211749
Date of Disbursement: 10 / 11 / 2004

Amount of Each Disbursement this Period: 10000.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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