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)
BROWN-WAITE FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
Graves For Congress

Mailing Address 105 East Mill
Suite D.

City: Liberty State: MO Zip Code: 64068

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: D013001
Date of Disbursement
10 / 07 / 2004

Amount of Each Disbursement this Period
500.00

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

B.
Full Name (Last, First, Middle Initial)
Heather Wilson For Congress

Mailing Address 6001 San Mateo NE
Suite B. 1

City: Albuquerque State: NM Zip Code: 87109

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: D013101
Date of Disbursement
10 / 04 / 2004

Amount of Each Disbursement this Period
500.00

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

C.
Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTE

Mailing Address 320 FIRST STREET SE

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement
Battleground Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: D00T80S
Date of Disbursement
10 / 01 / 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) ..... ▶ **11000.00**

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