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)
PASTOR FOR ARIZONA

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

Mailing Address 800 W HINES STREET

City: WILSON State: NC Zip Code: 27893

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: NC District: 01

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

Transaction ID: SB21.6699
Date of Disbursement: 07 / 12 / 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)
HERSETH FOR CONGRESS

Mailing Address P.O. Box 884

City: Brookings State: SD Zip Code: 57006

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: SD District: 0

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

Transaction ID: SB21.6688
Date of Disbursement: 07 / 02 / 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)
JOHN SALAZAR FOR CONGRESS

Mailing Address P.O. Box 1737

City: Alamosa State: CO Zip Code: 81101

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: CO District: 3

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

Transaction ID: SB21.6745
Date of Disbursement: 08 / 03 / 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) ..... ▶