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)
Quinn for Congress

A.
Full Name (Last, First, Middle Initial)
The Franciscan Center

Mailing Address 1910 Seneca Street

City: Buffalo | State: NY | Zip Code: 14210-1842

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004 X Primary General
Other (specify)

Transaction ID: D7162D0433E4821
Date of Disbursement
07 13 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)
Friends of Bill Manger

Mailing Address PO Box 751

City: Southampton | State: NY | Zip Code: 11968-

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name
WILLIAM MANGER

Category/Type

Office Sought: X House / Senate / President
State: NY District: 01

Disbursement For: 2004 X Primary General
Other (specify)

Transaction ID: 10012D0455E4947
Date of Disbursement
09 13 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)
Friends of Mike Ferguson

Mailing Address PO Box 125

City: Cliffside Park | State: NJ | Zip Code: 07010-

Purpose of Disbursement
CONTRIBUTION TO OTHER COMMITTEE

Candidate Name
MIKE FERGUSON

Category/Type

Office Sought: X House / Senate / President
State: NJ District: 07

Disbursement For: 2004 X Primary General
Other (specify)

Transaction ID: 0716D0433E4816
Date of Disbursement
07 13 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) ..... ▶