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)
Anna Eshoo for Congress

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

Mailing Address 1408 Locust Street

City: Des Moines | State: IA | Zip Code: 50309

Purpose of Disbursement: Contribution

Candidate Name: Leonard Boswell

Category/Type: 011

Office Sought: X House / Senate / President

State: IA District: 3

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: B1653
Date of Disbursement: 09 / 30 / 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)
Connealy 04 Campaign

Mailing Address P.O. Box 80555

City: Lincoln | State: NE | Zip Code: 68501

Purpose of Disbursement: Contribution

Candidate Name: Matt Connealy

Category/Type: 011

Office Sought: X House / Senate / President

State: NE District: 1

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: B1661
Date of Disbursement: 09 / 30 / 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)
Jim Costa for Congress

Mailing Address 2300 Tulare Street

City: Fresno | State: CA | Zip Code: 93721

Purpose of Disbursement: Contribution

Candidate Name: Jim Costa

Category/Type: 011

Office Sought: X House / Senate / President

State: CA District: 20

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: B1660
Date of Disbursement: 09 / 30 / 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) ..... ▶