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)
SERRANO FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARROW

Mailing Address 2141-B W. BROAD ST.

City: ATHENS State: GA Zip Code: 30606

Purpose of Disbursement: CONTRIBUTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: GA District: 12

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

Transaction ID: SB21.6022
Date of Disbursement: 09 / 08 / 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)
HIGGINS FOR CONGRESS

Mailing Address 313 ABBOTT RD.

City: BUFFALO State: NY Zip Code: 14220

Purpose of Disbursement: CONTRIBUTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: NY District: 27

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

Transaction ID: SB21.6034
Date of Disbursement: 09 / 08 / 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)
HIGGINS FOR CONGRESS

Mailing Address 313 ABBOTT RD.

City: BUFFALO State: NY Zip Code: 14220

Purpose of Disbursement: CONTRIBUTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: NY District: 27

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

Transaction ID: SB21.6307
Date of Disbursement: 09 / 08 / 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) ..... ▶