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)
Crowley for Congress

A.
Full Name (Last, First, Middle Initial)
Eleanor Roosevelt Democratic Club

Mailing Address P.O. Box 300

City: Bronx State: NY Zip Code: 10475

Purpose of Disbursement: Contributions

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: D6100
Date of Disbursement: 06 / 05 / 2003

Amount of Each Disbursement this Period: 375.00

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

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF BARON HILL

Mailing Address PO BOX 1071

City: SEYMOUR State: IN Zip Code: 47274

Purpose of Disbursement: Contrib IN9

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: D6107
Date of Disbursement: 06 / 21 / 2003

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 CONGRESSMAN TIM HOLDEN

Mailing Address PO BOX 37
PO BOX 37

City: SAINT CLAIR State: PA Zip Code: 17970

Purpose of Disbursement: Contrib PA17 cd

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: D6108
Date of Disbursement: 06 / 21 / 2003

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) ..... ▶ **2375.00**

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