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): Friends of Senator Bob Smith

A.
Full Name (Last, First, Middle Initial): On-Site
Mailing Address: 2516 SE Willoughby Blvd.
City: Stuart, State: FL Zip Code: 34994
Purpose of Disbursement: On line fundraising
Candidate Name: Senator Bob Smith
Category/Type: 001
Office Sought: ☐ House ☑ Senate ☐ President
State: FL District:
Disbursement For: ☑ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 09 / 2010
Amount of Each Disbursement this Period: 24.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): USPS
Mailing Address:
City: Osprey, State: FL Zip Code: 34229
Purpose of Disbursement: PO Box Rental
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☑ Senate ☐ President
State: FL District:
Disbursement For: ☑ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 09 / 2010
Amount of Each Disbursement this Period: 28.00
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Smith, Robert C.
Mailing Address: 9012 Rocky Lake Ct.
City: Sarasota, State: FL Zip Code: 34238
Purpose of Disbursement: Candidate travel, food, gas
Candidate Name:
Category/Type: 002
Office Sought: ☐ House ☑ Senate ☐ President
State: FL District:
Disbursement For: ☑ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 09 / 2010
Amount of Each Disbursement this Period: 389.89
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 441.89

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

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