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)
Tom Allen for Congress Committee

A.
Full Name (Last, First, Middle Initial)
Connealy 04

Mailing Address 643 S 25th St
Ste 3

City: Lincoln
State: NE
Zip Code: 68510-3060

Purpose of Disbursement
Contribution

Candidate Name
Matt Connealy

Category/Type

Office Sought: X House / Senate / President
State: NE District: 1

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

Transaction ID: D10060
Date of Disbursement
10 / 19 / 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)
David Ashe for Congress

Mailing Address 1340 N Great Neck Rd
Ste 1272-255

City: Virginia Beach
State: VA
Zip Code: 23454-2268

Purpose of Disbursement
Contribution

Candidate Name
David Ashe

Category/Type

Office Sought: X House / Senate / President
State: VA District: 2

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

Transaction ID: D10066
Date of Disbursement
10 / 19 / 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)
David Bustin

Mailing Address 88 Water St

City: Hallowell
State: ME
Zip Code: 04347-1503

Purpose of Disbursement
Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: D11392
Date of Disbursement
10 / 26 / 2004

Amount of Each Disbursement this Period
250.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2250.00**

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