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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 ☐ 20a ☐ 20b ☐ 20c ☐ 21 | PAGE OF

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NAME OF COMMITTEE (In Full): Friends of Ron Packard

A.
Full Name (Last, First, Middle Initial): Friends of Connie Mack
Mailing Address: 5100 S. Cleveland Avenue, Suite 318
City: Ft. Myers State: FL Zip Code: 33901
Purpose of Disbursement: Political Contribution
Category/Type:
Candidate Name: Connie Mack
Office Sought: [X] House [ ] Senate [ ] President
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
State: FL District: 14
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: 5,0,0,0,0
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): RICHPAC
Mailing Address: 1155 21st Street, NW
City: Washyinrton State: DC Zip Code: 20036
Purpose of Disbursement: Political Contribution
Category/Type:
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
State: District:
Date of Disbursement: 03 / 10 / 2004
Amount of Each Disbursement this Period: 1,5,0,0,0,0
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Porter for Congress
Mailing Address: P.O. Box 26087
City: Las Vegas State: NV Zip Code: 89126
Purpose of Disbursement: Political Contribution
Category/Type:
Candidate Name: Jon Porter
Office Sought: [X] House [ ] Senate [ ] President
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
State: NV District: 3
Date of Disbursement: 03 / 23 / 2004
Amount of Each Disbursement this Period: 1,0,0,0,0,0
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional): 3,0,0,0,0,0
TOTAL This Period (last page this the number only): 8,6,2,6,0,0

FEC Schedule B (Form 3) (Revised 02/2003)

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