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)
A Lot of People Supporting Tom Daschle Inc

A.
Full Name (Last, First, Middle Initial)
Michael A. Bloch

Mailing Address 14901 Quorum Dr
Ste 500

City: Dallas State: TX Zip Code: 75254-6727

Purpose of Disbursement
Refund

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: D20430
Date of Disbursement
04 / 13 / 2004

Amount of Each Disbursement this Period
2000.00

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

B.
Full Name (Last, First, Middle Initial)
Kathleen Dougherty

Mailing Address 493 Bovey Rd

City: Wayzata State: MN Zip Code: 55391-9531

Purpose of Disbursement
Refund

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: D20437
Date of Disbursement
04 / 22 / 2004

Amount of Each Disbursement this Period
2000.00

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

C.
Full Name (Last, First, Middle Initial)
Michael Dougherty

Mailing Address 493 Bovey Rd

City: Wayzata State: MN Zip Code: 55391-9531

Purpose of Disbursement
Refund

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: D20436
Date of Disbursement
04 / 22 / 2004

Amount of Each Disbursement this Period
2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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