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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Friends of Jack Kingston

A.
Full Name (Last, First, Middle Initial)
Fitzpatrick For Congress

Mailing Address 115 North Broad Street, Ste. 205

City: Doylestown | State: PA | Zip Code: 18901-

Purpose of Disbursement
CONGRESS/PA/DIST 8

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: 1027200436E52D4
Date of Disbursement
10 / 22 / 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)
Naples For Congress

Mailing Address PO Box 1261

City: Buffalo | State: NY | Zip Code: 14205-

Purpose of Disbursement
CONGRESS/NY/DIST 27

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: 1027200436E52D5
Date of Disbursement
10 / 22 / 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)
Manger For Congress

Mailing Address PO Box 751

City: Southampton | State: NY | Zip Code: 11969-

Purpose of Disbursement
CONGRESS/NY/DIST 1

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: 1027200436E52D6
Date of Disbursement
10 / 22 / 2004

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) ..... ▶ **3000.00**

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