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)
Lofgren for Congress

A.
Full Name (Last, First, Middle Initial)
Friends of Jon Jennings

Mailing Address 201 NW 4th St
Suite 10D

City: Evansville
State: IN
Zip Code: 47708

Purpose of Disbursement
House-General-IN-08

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: D1611
Date of Disbursement
09 / 28 / 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)
Gallagher for Congress

Mailing Address 4300 E. Sunset Rd.
Suite E-1

City: Henderson
State: NV
Zip Code: 89014

Purpose of Disbursement
General-House-NV-03

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: D1618
Date of Disbursement
09 / 28 / 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)
Jim Costa for Congress

Mailing Address 2037 W. Bullard
PMB #509

City: Fresno
State: CA
Zip Code: 93711

Purpose of Disbursement
Primary Debt-House-CA-20

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: D1652
Date of Disbursement
09 / 29 / 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) ..... ▶