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)
Charles A. Gonzalez Congressional Campaign

A.
Full Name (Last, First, Middle Initial)
JOHN SALAZAR FOR CONGRESS

Mailing Address P.O. Box 1737

City: Alamosa State: CO Zip Code: 81101

Purpose of Disbursement: Contribution

Candidate Name: John T. Salazar

Category/Type

Office Sought: X House / Senate / President

State: CO District: 03

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D3621
Date of Disbursement: 06 / 15 / 2004

Amount of Each Disbursement this Period: 500.00

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

B.
Full Name (Last, First, Middle Initial)
Lake Young Democrats

Mailing Address 411 24th Street

City: San Antonio State: TX Zip Code: 78201

Purpose of Disbursement: Donation

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D3515
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 250.00

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

C.
Full Name (Last, First, Middle Initial)
LAMPSON FOR CONGRESS

Mailing Address P O BOX 21578

City: BEAUMONT State: TX Zip Code: 77720

Purpose of Disbursement: Contribution

Candidate Name: Nicholas Lampson

Category/Type

Office Sought: X House / Senate / President

State: TX District: 09

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D3516
Date of Disbursement: 05 / 12 / 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) ..... ▶ **1750.00**

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