SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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)
Association of Trial Lawyers of America Political Action Committee (ATLA PAC)

A.
Full Name (Last, First, Middle Initial): Friends of Lane Evans
Mailing Address: 499 South Capitol Street, SW, Ste.
GENERAL 2004 / HOUSE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Contr.
Candidate Name: Lane Evans
Category/Type
Office Sought: X House / Senate / President
State: IL District: 17
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D16620
Date of Disbursement: 06 / 28 / 2004
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Friends of Lois Capps
Mailing Address: PO Box 23840
GENERAL 2004 / HOUSE
City: Santa Barbara State: CA Zip Code: 93121
Purpose of Disbursement: Contr.
Candidate Name: Lois Capps
Category/Type
Office Sought: X House / Senate / President
State: CA District: 23
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D16533
Date of Disbursement: 06 / 15 / 2004
Amount of Each Disbursement this Period: 3000.00

C.
Full Name (Last, First, Middle Initial): Friends of Sherrod Brown
Mailing Address: 607 14th Street N.W., Ste. 800
GENERAL 2004 / HOUSE
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Contr. /HOUSE
Candidate Name: Sherrod Brown
Category/Type
Office Sought: X House / Senate / President
State: OH District: 13
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D16569
Date of Disbursement: 06 / 18 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **13000.00**

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