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)
PASTOR FOR ARIZONA

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

Mailing Address 201 W. North River Dr.
Ste. 370

City Spokane | State WA | Zip Code 99201

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: WA District: 05

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

Transaction ID: SB21.7667
Date of Disbursement
10 / 20 / 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)
BRIAN HIGGINS FOR CONGRESS

Mailing Address PO BOX 28

City BUFFALO | State NY | Zip Code 14220

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

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

Transaction ID: SB21.7688
Date of Disbursement
10 / 20 / 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)
CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Mailing Address 511 CONGRESS ST
PO BOX 549

City NAPOLEONVILLE | State LA | Zip Code 70390

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: LA District: 03

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

Transaction ID: SB21.7774
Date of Disbursement
10 / 25 / 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) ..... ▶