SCHEDULE B (FECForm 3)
ITEMIZED DISBURSEMENTS

Use seperate 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)
Friends of Barbara Boxer

Full Name (Last, First, Middle Initial)
A. South Carolina Democratic Party

Mailing Address 1517 Blanding Street

City: Columbia
State: SC
Zip Code: 29201

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID D8804

Date of Disbursement: M M 10 / D D 16 / Y Y Y Y 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) ..... ➔	1000.00
TOTAL This Period (last page this line number only) ..... ➔	2250.00