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)
Friends of Jim Clyburn

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

Mailing Address PO BOX 2050

City SALEM State OR Zip Code 97308

Purpose of Disbursement
2004 OR-H--General

Candidate Name

011 Category/Type

Office Sought: X House / Senate / President

State: OR District

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D2539
Date of Disbursement
05 / 21 / 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)
JOHN SALAZAR FOR CONGRESS

Mailing Address P.O. Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
2004 CO-H-03-General

Candidate Name

011 Category/Type

Office Sought: X House / Senate / President

State: CO District 03

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D2530
Date of Disbursement
06 / 21 / 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)
Mr. Butch Maki

Mailing Address 118 W San Mateo Rd

City Santa Fe State NM Zip Code 87505-4732

Purpose of Disbursement
Campaign Event Expense

Candidate Name

007 Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D2559
Date of Disbursement
06 / 30 / 2004

Amount of Each Disbursement this Period
1860.12

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3860.12

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