

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Evan Bayh Committee

Full Name (Last, First, Middle Initial)

A. Mr. Bradley C. Davis

Mailing Address 410 Somerset Dr W

City Indianapolis State IN Zip Code 46260-2920

Purpose of Disbursement

Refund of contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D17285

Date of Disbursement

06 / 24 / 2004

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)

B. Christopher D. Dillon

Mailing Address 385 El Portal Avenue

City San Mateo State CA Zip Code 94402

Purpose of Disbursement

Refund of excessive contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D17387

Date of Disbursement

06 / 30 / 2004

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

C. Mr. Mark P. Gorenberg

Mailing Address 2 South Park
2nd Floor

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Refund of contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D17388

Date of Disbursement

06 / 30 / 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)

3500.00

TOTAL This Period (last page this line number only)