

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Chris Jennings for Congress

ADDRESS (number and street) PO Box 49135

Check if different than previously reported. (ACC)

Sarasota FL 34230

2. **FEC IDENTIFICATION NUMBER** C00398305

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL 13

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 08 31 2004 in the State of FL

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2004 through 08 11 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Flynn

Signature of Treasurer Electronically Filed by Susan Flynn Date 02 11 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Chris Jennings for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	4

To:

M	M
0	8

D	D
1	1

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	48549.26	257216.38
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48549.26	257116.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	316165.05	394719.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	316165.05	394719.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	162396.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	300000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Chris Jennings for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	8

D	D
1	1

Y	Y	Y	Y
2	0	0	4

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

24031.70

182715.26

(ii) Unitemized.....

17304.86

57465.86

(iii) TOTAL of contributions

41336.56

240181.12

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

4000.00

(c) Other Political Committees (such as PACS).....

7212.70

13035.26

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

48549.26

257216.38

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

300000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

300000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

48549.26

557216.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	316165.05	394719.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	316165.05	394819.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	430012.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	48549.26
25. SUBTOTAL (add Line 23 and Line 24).....	478561.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	316165.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	162396.41

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 73
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Eric Bishcoff

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 01 / 2004

Transaction ID: C1722140

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Marilyn Sanger

Mailing Address 3912 Breezemont Dr

City State Zip Code
Sarasota FL 34232-1220

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation travel agent

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2004

Transaction ID: C1725

Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
H. Hamilton Rice, Jr.

Mailing Address 6400 Flotilla Dr
6400 Flotilla Drive

City State Zip Code
Holmes Beach FL 34217-1463

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2004

Transaction ID: C340

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) William E. Diem		Date of Receipt MM / DD / YYYY 07 / 20 / 2004
	Mailing Address PO Box 94		Transaction ID: C540
	City Longboat Key	State FL	Zip Code 34228-0094
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SOUTHEN AGRICULTURAL INSECTICIDES, INC		Occupation Accountant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Terrence McKee		Date of Receipt MM / DD / YYYY 07 / 12 / 2004
	Mailing Address 2387 Palm Terrace		Transaction ID: C557
	City Sarasota	State FL	Zip Code 34231
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.00
Name of Employer Nuovo Salon		Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1052.00		

* In-Kind:

C.	Full Name (Last, First, Middle Initial) Joan Boltax		Date of Receipt MM / DD / YYYY 08 / 06 / 2004
	Mailing Address		Transaction ID: C1746
	City	State	Zip Code
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed		Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	▶	402.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
William Levine

Mailing Address 604 Weston Pointe Ct

City State Zip Code
Longboat Key FL 34228-3139

FEC ID number of contributing federal political committee. C

Name of Employer NA Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt 07 / 17 / 2004
Transaction ID: C570
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Avis Wilkinson

Mailing Address PO Box 47925

City State Zip Code
Jacksonville FL 32247-7925

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt 08 / 05 / 2004
Transaction ID: C1722991
 Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joelle R Hamovit

Mailing Address 775 Longboat Club Rd Unit 608

City State Zip Code
Longboat Key FL 34228-3878

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Social Worker

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt 07 / 27 / 2004
Transaction ID: C1845
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A. Full Name (Last, First, Middle Initial) Ann E Browne</p> <p>Mailing Address 1301 N Tamiami Trl Apt 313</p> <p>City State Zip Code Sarasota FL 34236-2421</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Realtor</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 07 / 07 / 2004</p> <p>Transaction ID: C377</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Brett D. Tresky</p> <p>Mailing Address 3824 NW 71st Dr</p> <p>City State Zip Code Coral Springs FL 33065-2243</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NA Occupation Retired</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 04 / 2004</p> <p>Transaction ID: C1721</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Lawrence Evans</p> <p>Mailing Address PO Box 25789</p> <p>City State Zip Code Sarasota FL 34277-2789</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer retired Occupation inventor</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 10 / 2004</p> <p>Transaction ID: C1838</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Janice Mattina		Date of Receipt
	Mailing Address 512 77th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 02 / 2004
	City	State	Zip Code
	Holmes Beach	FL	34217-1008
	FEC ID number of contributing federal political committee. C		Transaction ID: C1722162
Name of Employer Center for Eduaction		Occupation Educator	Amount of Each Receipt this Period
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Barbara A Jones		Date of Receipt
	Mailing Address 9548 Forest Hills Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2004
	City	State	Zip Code
	Sarasota	FL	34238-5811
	FEC ID number of contributing federal political committee. C		Transaction ID: C610
Name of Employer Kerkering Barberio & Co		Occupation Certified Public Accountant	Amount of Each Receipt this Period
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 15.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Margaret H Scharff		Date of Receipt
	Mailing Address 1926 Hubner Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 09 / 2004
	City	State	Zip Code
	Sarasota	FL	34241
	FEC ID number of contributing federal political committee. C		Transaction ID: C1727
Name of Employer None		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 715.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Lawton Bud Chiles, III

Mailing Address 3130 Baringer Hill Dr

City State Zip Code
Tallahassee FL 32311-3632

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Business Executive

Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 4

Transaction ID: C599

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Richard Swann

Mailing Address 750 Gatlin Ave

City State Zip Code
Orlando FL 32806-6918

FEC ID number of contributing federal political committee. **C**

Name of Employer Swann and Hadley Occupation
Attorney

Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 4

Transaction ID: C347

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Barbara Banks

Mailing Address PO Box 582

City State Zip Code
Sarasota FL 34230-0582

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Photographer

Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 4

Transaction ID: C1831

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
F. Lynn Leverett

Mailing Address 7604 SW 178th Ter

City Palmetto Bay State FL Zip Code 33157-6431

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 07 / 10 / 2004
Transaction ID: C408
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas W Sean Murphy

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 07 / 01 / 2004
Transaction ID: C1722144
 Amount of Each Receipt this Period 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Fay Boyd

Mailing Address 6105 Willow Oak Cir

City Bradenton State FL Zip Code 34209-4147

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 07 / 27 / 2004
Transaction ID: C1846
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 73
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A. Full Name (Last, First, Middle Initial) William Hamilton</p> <p>Mailing Address 10413 Reclinata Ln</p> <p>City Tampa State FL Zip Code 33618-4219</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Holland & Knight, LLP Occupation: Attorney</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 7</td> <td></td> <td style="text-align: center;">2 1</td> <td></td> <td style="text-align: center;">2 0 0 4</td> </tr> </table> </p> <p>Transaction ID: C533</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M	/	D D	/	Y Y Y Y	0 7		2 1		2 0 0 4
M M	/	D D	/	Y Y Y Y							
0 7		2 1		2 0 0 4							

<p>B. Full Name (Last, First, Middle Initial) Randolph R Snell</p> <p>Mailing Address 10608 US Highway 41 N</p> <p>City Palmetto State FL Zip Code 34221-8726</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Retired Occupation: Retired</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 7</td> <td></td> <td style="text-align: center;">2 0</td> <td></td> <td style="text-align: center;">2 0 0 4</td> </tr> </table> </p> <p>Transaction ID: C539</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M	/	D D	/	Y Y Y Y	0 7		2 0		2 0 0 4
M M	/	D D	/	Y Y Y Y							
0 7		2 0		2 0 0 4							

<p>C. Full Name (Last, First, Middle Initial) ARNOLD FREEDMAN</p> <p>Mailing Address 1241 Gulf of Mexico Dr</p> <p>City Longboat Key State FL Zip Code 34228</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: retired Occupation: retired</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 8</td> <td></td> <td style="text-align: center;">0 6</td> <td></td> <td style="text-align: center;">2 0 0 4</td> </tr> </table> </p> <p>Transaction ID: C1874</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M	/	D D	/	Y Y Y Y	0 8		0 6		2 0 0 4
M M	/	D D	/	Y Y Y Y							
0 8		0 6		2 0 0 4							

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Sean Murphy

Mailing Address 6600 Gulf Drive

City State Zip Code
Holmes Beach FL 34217-1326

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bistro Owner

Receipt For: 2004 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2004

Transaction ID: C1528

Amount of Each Receipt this Period
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Suzanne Atwell

Mailing Address 447 Bird Key Dr

City State Zip Code
Sarasota FL 34236-1805

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Physcotherapist

Receipt For: 2004 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2004

Transaction ID: C1529

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Harry Johnston

Mailing Address PO Box 3475

City State Zip Code
West Palm Beach FL 33402-3475

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Jones Foster et al Attorney

Receipt For: 2004 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2004

Transaction ID: C528

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Rhea Chiles		Date of Receipt
	Mailing Address 531 75th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2004
	City	State	Zip Code
	Holmes Beach	FL	34217-1004
	FEC ID number of contributing federal political committee.		Transaction ID: C1723096
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 3000.00		

B.	Full Name (Last, First, Middle Initial) Ian Black		Date of Receipt
	Mailing Address 2553 Marblehead Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2004
	City	State	Zip Code
	Sarasota	FL	34231-5181
	FEC ID number of contributing federal political committee.		Transaction ID: C1724
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Self Employed		Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 350.00		

C.	Full Name (Last, First, Middle Initial) Barbara S. Baseman		Date of Receipt
	Mailing Address 32 N Osprey Ave 55 All Saints Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 09 / 2004
	City	State	Zip Code
	Sarasota	FL	34236-8500
	FEC ID number of contributing federal political committee.		Transaction ID: C1990
		Amount of Each Receipt this Period	<input type="text"/> 200.00
Name of Employer Michael Saunders @ Company		Occupation realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 450.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Andrea M Bennett	Date of Receipt MM / DD / YYYY 08 / 08 / 2004
	Mailing Address 6860 Gulf of Mexico Drive	Transaction ID: C1868
	City State Zip Code Longboat Key FL 34228	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Consultant	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Bettina Von Walhof	Date of Receipt MM / DD / YYYY 08 / 05 / 2004
	Mailing Address 1111 Ritz Carlton Dr 24230 Montcaret	Transaction ID: C1821
	City State Zip Code Sarasota FL 34236-5594	Amount of Each Receipt this Period 648.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation designer	* In-Kind:
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1148.00	

C.	Full Name (Last, First, Middle Initial) Theresa M Skahill	Date of Receipt MM / DD / YYYY 08 / 04 / 2004
	Mailing Address 2404 89th St NW	Transaction ID: C1722987
	City State Zip Code Bradenton FL 34209-9438	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Employed Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1398.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Beth Fox
Mailing Address 486 E Macewen Dr
City Osprey State FL Zip Code 34229-9202
FEC ID number of contributing federal political committee. **C**
Name of Employer NA Occupation Homemaker
Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 07 / 15 / 2004
Transaction ID: C351
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Brenda Katz
Mailing Address 508 Bayview Dr
City Holmes Beach State FL Zip Code 34217-2139
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Realtor
Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 479.66
Date of Receipt 08 / 05 / 2004
Transaction ID: C1722
Amount of Each Receipt this Period 104.66
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind:

C. Full Name (Last, First, Middle Initial)
David David Shapiro
Mailing Address 5212 Siesta Cove Dr
City Sarasota State FL Zip Code 34242-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer Shapiro, Goldman & Baboni Occupation Attorney
Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1028.00
Date of Receipt 07 / 04 / 2004
Transaction ID: C349
Amount of Each Receipt this Period 528.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind:

SUBTOTAL of Receipts This Page (optional) ► 1632.66
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 73
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Eleanor L Darlington

Mailing Address 7632 Charleston St

City State Zip Code
University Park FL 34201-2096

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Artist

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 04 / 2004

Transaction ID: C350

Amount of Each Receipt this Period
293.04

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

643.04

B.

Full Name (Last, First, Middle Initial)
Jay Delaney

Mailing Address 1101 Wilmington Ave
Apt G

City State Zip Code
Dayton OH 45420-1681

FEC ID number of contributing federal political committee. **C**

Name of Employer Christine Jennings for Cong. Occupation Operations Coordinator

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2004

Transaction ID: C1771

Amount of Each Receipt this Period
5.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

530.00

C.

Full Name (Last, First, Middle Initial)
Michael J. Belle, Esq.

Mailing Address 2364 Fruitville Rd

City State Zip Code
Sarasota FL 34237-6114

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 15 / 2004

Transaction ID: C1450

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

500.00

SUBTOTAL of Receipts This Page (optional) ▶ **798.04**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 73
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Avis Wilkinson

Mailing Address PO Box 47925

City Jacksonville State FL Zip Code 32247-7925

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

230.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2004

Transaction ID: C617

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Katherine O Chiles

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2004

Transaction ID: C1722988

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Edward Chiles

Mailing Address PO Box 1478

City Anna Maria Island State FL Zip Code 34216-1478

FEC ID number of contributing federal political committee. **C**

Name of Employer Weld Inc. Occupation Restaurateur

Receipt For: 2004 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

3000.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2004

Transaction ID: C1850728

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 73
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial) K William Leffland		Date of Receipt MM / DD / YYYY 07 / 01 / 2004
Mailing Address 610 Valencia Ave Apt 302		Transaction ID: C1722129
City State Zip Code Coral Gables FL 33134-5632	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer NA Occupation Retired	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 250.00		

B.

Full Name (Last, First, Middle Initial) Marvis Snell		Date of Receipt MM / DD / YYYY 07 / 19 / 2004
Mailing Address 10608 US Highway 41 N		Transaction ID: C1760
City State Zip Code Palmetto FL 34221-8726	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Occupation Office Manager	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) Roberto Alonso		Date of Receipt MM / DD / YYYY 07 / 08 / 2004
Mailing Address 6600 SW 27 Street		Transaction ID: C455
City State Zip Code Miami FL 33156	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Yahoo, Inc Occupation Manager	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Bruce Udolf

Mailing Address 200 W. Broward Blvd

City State Zip Code
Fort Lauderdale FL 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ruden McClusky Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 06 / 2004

Transaction ID: C1822

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Christian Von Wahlof

Mailing Address 1111 Ritz Carlton Dr

City State Zip Code
Sarasota FL 34236-5594

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NA Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 31 / 2004

Transaction ID: C1723

Amount of Each Receipt this Period
1836.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

C. Full Name (Last, First, Middle Initial)
Marilyn Sanger

Mailing Address 3912 Breezemont Dr

City State Zip Code
Sarasota FL 34232-1220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None travel agent

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 19 / 2004

Transaction ID: C568

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2936.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
David Hannon

Mailing Address 4702 Flatbush Ave

City State Zip Code
Sarasota FL 34233-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation writer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 15 / 2004

Transaction ID: C525

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William Cooper

Mailing Address 7816 Sanderling Rd

City State Zip Code
Sarasota FL 34242-2737

FEC ID number of contributing federal political committee. **C**

Name of Employer Florida Suncoast Helicopters Occupation President

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 06 / 2004

Transaction ID: C1729

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lynne Wines

Mailing Address 6700 Yellowstone Ln

City State Zip Code
Parkland FL 33067-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer colonial bank Occupation banker

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 09 / 2004

Transaction ID: C463

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Murray M. Goldberg

Mailing Address 3502 Mistletoe Ln

City State Zip Code
Longboat Key FL 34228-4102

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2004

Transaction ID: C595

Amount of Each Receipt this Period

50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Alfred Goldstein

Mailing Address 682 Mourning Dove Dr

City State Zip Code
Sarasota FL 34236-1926

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2004

Transaction ID: C1540

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Nancy Jenkins

Mailing Address 629 Kingfisher Ln

City State Zip Code
Longboat Key FL 34228-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer Prudential Occupation Realtor

Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2004

Transaction ID: C337

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

24031.70

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	4

Transaction ID: C1856

Amount of Each Receipt this Period
257.25

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

B. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	4

Transaction ID: C527

Amount of Each Receipt this Period
21.59

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

C. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	4

Transaction ID: C600

Amount of Each Receipt this Period
7.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

SUBTOTAL of Receipts This Page (optional) ► **285.84**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 73
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 07 / 30 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C690
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 2952.81
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

B.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 07 / 10 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C407
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 38.33
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

C.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 07 / 29 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C601
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 13.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

SUBTOTAL of Receipts This Page (optional)	3004.14
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	4

Transaction ID: C691

Amount of Each Receipt this Period
142.80

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

B. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	0	4

Transaction ID: C428

Amount of Each Receipt this Period
25.13

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

C. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	4

Transaction ID: C579

Amount of Each Receipt this Period
39.04

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

SUBTOTAL of Receipts This Page (optional) ► **206.97**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 73
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt
MM / DD / YYYY
07 / 29 / 2004

Transaction ID: C602

Amount of Each Receipt this Period
35.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

B. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt
MM / DD / YYYY
07 / 31 / 2004

Transaction ID: C707

Amount of Each Receipt this Period
124.80

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

C. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt
MM / DD / YYYY
07 / 30 / 2004

Transaction ID: C1859

Amount of Each Receipt this Period
13.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

SUBTOTAL of Receipts This Page (optional) ► **172.80**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	4

Transaction ID: C580

Amount of Each Receipt this Period
51.83

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

B. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	0	4

Transaction ID: C603

Amount of Each Receipt this Period
35.35

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

C. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	4

Transaction ID: C1556

Amount of Each Receipt this Period
19.26

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

SUBTOTAL of Receipts This Page (optional) ► **106.44**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 73
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 07 / 25 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C1860
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 113.55
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

B.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 07 / 23 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C604
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 33.44
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

C.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 07 / 02 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C1557
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 30.68
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

SUBTOTAL of Receipts This Page (optional)	177.67
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 73
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 08 / 05 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C1917
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 20.35
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

B.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 07 / 28 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C605
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 36.50
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

C.	Full Name (Last, First, Middle Initial) Christine L. Jennings	Date of Receipt MM / DD / YYYY 07 / 08 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Transaction ID: C1708
	City State Zip Code Sarasota FL 34236-4835	Amount of Each Receipt this Period 37.97
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 313035.26	* In-Kind:

SUBTOTAL of Receipts This Page (optional)	▶	94.82
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	4

Transaction ID: C606

Amount of Each Receipt this Period
30.14

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

B. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	4

Transaction ID: C1711

Amount of Each Receipt this Period
2952.81

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

C. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	4

Transaction ID: C1811

Amount of Each Receipt this Period
9.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

SUBTOTAL of Receipts This Page (optional) ► **2991.95**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 31 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	4

Transaction ID: C688
 Amount of Each Receipt this Period
 33.44

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind:

B. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	4

Transaction ID: C1812
 Amount of Each Receipt this Period
 35.16

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind:

C. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 313035.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	4

Transaction ID: C593
 Amount of Each Receipt this Period
 16.84

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind:

SUBTOTAL of Receipts This Page (optional) ► 85.44

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 32 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

313035.26

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2004

Transaction ID: C689

Amount of Each Receipt this Period
36.50

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

B. Full Name (Last, First, Middle Initial)
Christine L. Jennings

Mailing Address 988 Blvd Of The Arts
Apt 510

City State Zip Code
Sarasota FL 34236-4835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

313035.26

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2004

Transaction ID: C1813

Amount of Each Receipt this Period
50.13

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind:

SUBTOTAL of Receipts This Page (optional) ► **86.63**

TOTAL This Period (last page this line number only) ► **7212.70**

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Eleanor L Darlington

Transaction ID: D142558
Date of Disbursement

Mailing Address 7632 Charleston St

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	4		2	0	0	4

City State Zip Code
University Park FL 34201-2096

Amount of Each Disbursement this Period

293.04

Purpose of Disbursement
Matching In-kind Disbursement
Candidate Name

Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼
State: District:

* in-kind received

B.

Full Name (Last, First, Middle Initial)
Jay Delaney

Transaction ID: D195
Date of Disbursement

Mailing Address 1101 Wilmington Ave
Apt G

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	4

City State Zip Code
Dayton OH 45420-1681

Amount of Each Disbursement this Period

611.32

Purpose of Disbursement
Salary
Candidate Name

001 Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Jay Delaney

Transaction ID: D204
Date of Disbursement

Mailing Address 1101 Wilmington Ave
Apt G

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	4

City State Zip Code
Dayton OH 45420-1681

Amount of Each Disbursement this Period

611.32

Purpose of Disbursement
Salary
Candidate Name

001 Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1515.68

TOTAL This Period (last page this line number only)

--

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Jay Delaney

Transaction ID: D218
Date of Disbursement

Mailing Address 1101 Wilmington Ave
Apt G

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	4

City Dayton State OH Zip Code 45420-1681

Amount of Each Disbursement this Period

611.32

Purpose of Disbursement
Salary

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Jay Delaney

Transaction ID: D284
Date of Disbursement

Mailing Address 1101 Wilmington Ave
Apt G

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	4

City Dayton State OH Zip Code 45420-1681

Amount of Each Disbursement this Period

46.75

Purpose of Disbursement
Furniture Expense - Reimb

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Luisa Schumacher

Transaction ID: D194
Date of Disbursement

Mailing Address 5868 Westminster Way

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	4

City East Lansing State MI Zip Code 48823-7732

Amount of Each Disbursement this Period

1506.50

Purpose of Disbursement
Salary

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2164.57

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Luisa Schumacher	Transaction ID: D203 Date of Disbursement 07 / 15 / 2004
	Mailing Address 5868 Westminster Way	Amount of Each Disbursement this Period 1506.50
	City East Lansing State MI Zip Code 48823-7732	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Luisa Schumacher	Transaction ID: D216 Date of Disbursement 07 / 27 / 2004
	Mailing Address 5868 Westminster Way	Amount of Each Disbursement this Period 35.53
	City East Lansing State MI Zip Code 48823-7732	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement - Postage Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Luisa Schumacher	Transaction ID: D256 Date of Disbursement 07 / 08 / 2004
	Mailing Address 5868 Westminster Way	Amount of Each Disbursement this Period 75.00
	City East Lansing State MI Zip Code 48823-7732	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1617.03
TOTAL This Period (last page this line number only)	▶	

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Luisa Schumacher	Transaction ID: D259 Date of Disbursement 08 / 08 / 2004
	Mailing Address 5868 Westminster Way	Amount of Each Disbursement this Period 288.94
	City East Lansing State MI Zip Code 48823-7732	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Luisa Schumacher	Transaction ID: D279 Date of Disbursement 07 / 29 / 2004
	Mailing Address 5868 Westminster Way	Amount of Each Disbursement this Period 1506.50
	City East Lansing State MI Zip Code 48823-7732	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Banks	Transaction ID: D142565 Date of Disbursement 07 / 23 / 2004
	Mailing Address PO Box 582	Amount of Each Disbursement this Period 1000.00
	City Sarasota State FL Zip Code 34230-0582	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

SUBTOTAL of Disbursements This Page (optional)	▶	2795.44
TOTAL This Period (last page this line number only)	▶	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A. Full Name (Last, First, Middle Initial) Barry Butler</p> <p>Mailing Address 6419 Sugar Ridge Dr</p> <p>City Roanoke State VA Zip Code 24018-7629</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D67 Date of Disbursement 07 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 2538.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Barry Butler</p> <p>Mailing Address 6419 Sugar Ridge Dr</p> <p>City Roanoke State VA Zip Code 24018-7629</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D71 Date of Disbursement 07 / 15 / 2004</p> <p>Amount of Each Disbursement this Period 2538.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Barry Butler</p> <p>Mailing Address 6419 Sugar Ridge Dr</p> <p>City Roanoke State VA Zip Code 24018-7629</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72 Date of Disbursement 07 / 15 / 2004</p> <p>Amount of Each Disbursement this Period 2538.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7615.26

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

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Barry Butler

Transaction ID: D201
Date of Disbursement

Mailing Address 6419 Sugar Ridge Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	4

City State Zip Code
Roanoke VA 24018-7629

Amount of Each Disbursement this Period

595.36

Purpose of Disbursement
Reimbursement
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Barry Butler

Transaction ID: D202
Date of Disbursement

Mailing Address 6419 Sugar Ridge Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	4

City State Zip Code
Roanoke VA 24018-7629

Amount of Each Disbursement this Period

2538.42

Purpose of Disbursement
Salary
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Barry Butler

Transaction ID: D207
Date of Disbursement

Mailing Address 6419 Sugar Ridge Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	4

City State Zip Code
Roanoke VA 24018-7629

Amount of Each Disbursement this Period

2538.42

Purpose of Disbursement
Salary
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5672.20

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Barbi Appel

Transaction ID: D255
Date of Disbursement

Mailing Address 2831 Ringling Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	4

City State Zip Code
Sarasota FL 34237-5334

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Rent

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Transaction ID: D80
Date of Disbursement

Mailing Address Ringling Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	4

City State Zip Code
Sarasota FL 34230

Amount of Each Disbursement this Period

370.00

Purpose of Disbursement
Postage and Delivery

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Transaction ID: D199
Date of Disbursement

Mailing Address Ringling Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	4

City State Zip Code
Sarasota FL 34230

Amount of Each Disbursement this Period

370.00

Purpose of Disbursement
Postage and Delivery

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
301 Kwikie Inc

Mailing Address 1093 N Washington Blvd

City Sarasota State FL Zip Code 34236-3425

Purpose of Disbursement
Printing and Reproduction

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D283

Date of Disbursement

08 / 08 / 2004

Amount of Each Disbursement this Period

982.85

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

B.

Full Name (Last, First, Middle Initial)
Manatee County DEC

Mailing Address PO Box 14669

City Bradenton State FL Zip Code 34280-4669

Purpose of Disbursement
Advertising

Candidate Name

004
Category/
Type

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D82

Date of Disbursement

07 / 27 / 2004

Amount of Each Disbursement this Period

72.00

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

C.

Full Name (Last, First, Middle Initial)
Sarasota County DEC

Mailing Address PO Box 5833

City Sarasota State FL Zip Code 34277-5833

Purpose of Disbursement
Advertising

Candidate Name

004
Category/
Type

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D215

Date of Disbursement

07 / 27 / 2004

Amount of Each Disbursement this Period

108.00

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

SUBTOTAL of Disbursements This Page (optional)

1162.85

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Hamilton Beattie & Staff Mailing Address 102 S 10th St City State Zip Code Fernandina Beach FL 32034-3641 Purpose of Disbursement Polling Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D228 Date of Disbursement 08 / 08 / 2004 Amount of Each Disbursement this Period 1880.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Ray Anthony Printer Mailing Address 413 W Waters Ave City State Zip Code Tampa FL 33604-2940 Purpose of Disbursement Printing & Reproduction Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D214 Date of Disbursement 07 / 27 / 2004 Amount of Each Disbursement this Period 4369.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ray Anthony Printer Mailing Address 413 W Waters Ave City State Zip Code Tampa FL 33604-2940 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D254 Date of Disbursement 07 / 02 / 2004 Amount of Each Disbursement this Period 417.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	23587.39
TOTAL This Period (last page this line number only) ▶	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Verizon Florida, Inc

Mailing Address PO Box 920041

City Dallas State TX Zip Code 75392-0041

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D84

Date of Disbursement

07 / 27 / 2004

Amount of Each Disbursement this Period

828.39

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

B.

Full Name (Last, First, Middle Initial)
Florida Power & Light

Mailing Address GENERAL MAIL FACILITY

City Miami State FL Zip Code 33188-0001

Purpose of Disbursement

Utilities: Gas & Elect

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D78

Date of Disbursement

08 / 08 / 2004

Amount of Each Disbursement this Period

780.09

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

C.

Full Name (Last, First, Middle Initial)
Voter Solutions

Mailing Address 1151 N State St
Ste 260

City Chicago State IL Zip Code 60610-2722

Purpose of Disbursement

Computer Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D83

Date of Disbursement

07 / 27 / 2004

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional)

4108.48

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Voter Solutions

Transaction ID: D227
Date of Disbursement

Mailing Address 1151 N State St
Ste 260

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	4

City Chicago State IL Zip Code 60610-2722

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Computer Expense

001
Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Cingular

Transaction ID: D70
Date of Disbursement

Mailing Address PO Box 772348

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	4

City Ocala State FL Zip Code 34477-2348

Amount of Each Disbursement this Period

326.09

Purpose of Disbursement
Telephone

001
Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Campaign Communication Solutions, Inc

Transaction ID: D191
Date of Disbursement

Mailing Address 121 S Palm Canyon Dr
Ste 205

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	4

City Palm Springs State CA Zip Code 92262-6350

Amount of Each Disbursement this Period

4914.69

Purpose of Disbursement
Telephone

001
Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7740.78

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A. Full Name (Last, First, Middle Initial)
Campaign Communication Solutions, Inc

Mailing Address 121 S Palm Canyon Dr
Ste 205

City Palm Springs State CA Zip Code 92262-6350

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D224
Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

1934.80

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

B. Full Name (Last, First, Middle Initial)
Campaign Communication Solutions, Inc

Mailing Address 121 S Palm Canyon Dr
Ste 205

City Palm Springs State CA Zip Code 92262-6350

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D260
Date of Disbursement

08 / 11 / 2004

Amount of Each Disbursement this Period

8160.60

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

C. Full Name (Last, First, Middle Initial)
Colonial Bank, NA

Mailing Address 2 N Tamiami Trl
Ste 100

City Sarasota State FL Zip Code 34236-5562

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D77
Date of Disbursement

08 / 06 / 2004

Amount of Each Disbursement this Period

20.00

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

SUBTOTAL of Disbursements This Page (optional) ►

10115.40

TOTAL This Period (last page this line number only) ►

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Colonial Bank, NA	Transaction ID: D208 Date of Disbursement 07 / 21 / 2004
	Mailing Address 2 N Tamiami Trl Ste 100	Amount of Each Disbursement this Period 46.52
	City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies - Checks Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Colonial Bank, NA	Transaction ID: D209 Date of Disbursement 07 / 22 / 2004
	Mailing Address 2 N Tamiami Trl Ste 100	Amount of Each Disbursement this Period 20.00
	City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charge Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Colonial Bank, NA	Transaction ID: D211 Date of Disbursement 07 / 27 / 2004
	Mailing Address 2 N Tamiami Trl Ste 100	Amount of Each Disbursement this Period 20.00
	City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charge Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	86.52
TOTAL This Period (last page this line number only)	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D213</p> <p>Date of Disbursement 07 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D221</p> <p>Date of Disbursement 08 / 04 / 2004</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Colonial Bank, NA</p> <p>Mailing Address 2 N Tamiami Trl Ste 100</p> <p>City Sarasota State FL Zip Code 34236-5562</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D225</p> <p>Date of Disbursement 08 / 05 / 2004</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

60.00

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

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Colonial Bank, NA		Transaction ID: D236 Date of Disbursement 08 / 11 / 2004	
	Mailing Address 2 N Tamiami Trl Ste 100		Amount of Each Disbursement this Period 20.00	
City Sarasota State FL Zip Code 34236-5562		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Bank Service Charge				
Candidate Name		001 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2004		
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Colonial Bank, NA		Transaction ID: D237 Date of Disbursement 08 / 11 / 2004	
	Mailing Address 2 N Tamiami Trl Ste 100		Amount of Each Disbursement this Period 20.00	
City Sarasota State FL Zip Code 34236-5562		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Bank Service Charge				
Candidate Name		001 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2004		
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Colonial Bank, NA		Transaction ID: D280 Date of Disbursement 07 / 30 / 2004	
	Mailing Address 2 N Tamiami Trl Ste 100		Amount of Each Disbursement this Period 20.00	
City Sarasota State FL Zip Code 34236-5562		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Bank Service Charge				
Candidate Name		001 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2004		
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Colonial Bank, NA	Transaction ID: D282 Date of Disbursement 08 / 05 / 2004
	Mailing Address 2 N Tamiami Trl Ste 100	Amount of Each Disbursement this Period 20.00
	City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Service Charge Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

B.	Full Name (Last, First, Middle Initial) Colonial Bank, NA	Transaction ID: D142436 Date of Disbursement 07 / 31 / 2004
	Mailing Address 2 N Tamiami Trl Ste 100	Amount of Each Disbursement this Period 21.25
	City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement bank service charge Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

C.	Full Name (Last, First, Middle Initial) Sarah M Kwiatkowski	Transaction ID: D142573 Date of Disbursement 07 / 14 / 2004
	Mailing Address 776 Oneta St	Amount of Each Disbursement this Period 23.52
	City Oxford State MI Zip Code 48371-5073	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

* in-kind received

SUBTOTAL of Disbursements This Page (optional) ▶

64.77

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

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Sarah M Kwiatkowski

Transaction ID: D74
Date of Disbursement

Mailing Address 776 Oneta St

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	4

City Oxford State MI Zip Code 48371-5073

Amount of Each Disbursement this Period

804.70

Purpose of Disbursement

001
Category/
Type

Salary
Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Sarah M Kwiatkowski

Transaction ID: D86
Date of Disbursement

Mailing Address 776 Oneta St

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	4

City Oxford State MI Zip Code 48371-5073

Amount of Each Disbursement this Period

216.02

Purpose of Disbursement
Office Supplies - Reimbursement

001
Category/
Type

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Sarah M Kwiatkowski

Transaction ID: D196
Date of Disbursement

Mailing Address 776 Oneta St

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	4

City Oxford State MI Zip Code 48371-5073

Amount of Each Disbursement this Period

804.70

Purpose of Disbursement
Salary

001
Category/
Type

Candidate Name

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1825.42

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Sarah M Kwiatkowski

Transaction ID: D198
Date of Disbursement

Mailing Address 776 Oneta St

/ /

City Oxford State MI Zip Code 48371-5073

Amount of Each Disbursement this Period

Purpose of Disbursement
Campaign Materials
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Sarah M Kwiatkowski

Transaction ID: D205
Date of Disbursement

Mailing Address 776 Oneta St

/ /

City Oxford State MI Zip Code 48371-5073

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Sarah M Kwiatkowski

Transaction ID: D258
Date of Disbursement

Mailing Address 776 Oneta St

/ /

City Oxford State MI Zip Code 48371-5073

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Supplies
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) AT & T Universal Card	Transaction ID: D81 Date of Disbursement 07 / 27 / 2004
	Mailing Address PO Box 44167	Amount of Each Disbursement this Period 2486.68
	City Jacksonville State FL Zip Code 32231-4167	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Stacy Pratt	Transaction ID: D85 Date of Disbursement 07 / 27 / 2004
	Mailing Address 1252 Boichot Rd	Amount of Each Disbursement this Period 924.80
	City Lansing State MI Zip Code 48906-5912	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Stacy Pratt	Transaction ID: D193 Date of Disbursement 07 / 01 / 2004
	Mailing Address 1252 Boichot Rd	Amount of Each Disbursement this Period 804.70
	City Lansing State MI Zip Code 48906-5912	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	4216.18
TOTAL This Period (last page this line number only)	▶	

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Stacy Pratt	Transaction ID: D206 Date of Disbursement 07 / 15 / 2004
	Mailing Address 1252 Boichot Rd	Amount of Each Disbursement this Period 804.70
	City Lansing State MI Zip Code 48906-5912	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Stacy Pratt	Transaction ID: D219 Date of Disbursement 07 / 29 / 2004
	Mailing Address 1252 Boichot Rd	Amount of Each Disbursement this Period 804.70
	City Lansing State MI Zip Code 48906-5912	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Stacy Pratt	Transaction ID: D142574 Date of Disbursement 07 / 20 / 2004
	Mailing Address 1252 Boichot Rd	Amount of Each Disbursement this Period 68.22
	City Lansing State MI Zip Code 48906-5912	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

SUBTOTAL of Disbursements This Page (optional)	▶	1677.62
TOTAL This Period (last page this line number only)	▶	

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Duffy Media	Transaction ID: D73 Date of Disbursement 07 / 27 / 2004
	Mailing Address 565 26th Ave	Amount of Each Disbursement this Period 6093.67
	City San Francisco State CA Zip Code 94121-2902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 004
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Duffy Media	Transaction ID: D192 Date of Disbursement 07 / 01 / 2004
	Mailing Address 565 26th Ave	Amount of Each Disbursement this Period 2125.00
	City San Francisco State CA Zip Code 94121-2902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Research Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Christian Von Wahlof	Transaction ID: D142622 Date of Disbursement 07 / 31 / 2004
	Mailing Address 1111 Ritz Carlton Dr	Amount of Each Disbursement this Period 1836.00
	City Sarasota State FL Zip Code 34236-5594	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

SUBTOTAL of Disbursements This Page (optional)	▶	10054.67
TOTAL This Period (last page this line number only)	▶	

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Murphy Putnam Shorr	Transaction ID: D75 Date of Disbursement 07 / 30 / 2004
	Mailing Address 901 N Washington St Ste 500	Amount of Each Disbursement this Period 32100.00
	City Alexandria State VA Zip Code 22314-1535	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	004 Category/Type
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Murphy Putnam Shorr	Transaction ID: D190 Date of Disbursement 07 / 01 / 2004
	Mailing Address 901 N Washington St Ste 500	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314-1535	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	004 Category/Type
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Murphy Putnam Shorr	Transaction ID: D210 Date of Disbursement 07 / 27 / 2004
	Mailing Address 901 N Washington St Ste 500	Amount of Each Disbursement this Period 52100.00
	City Alexandria State VA Zip Code 22314-1535	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	004 Category/Type
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	86700.00
TOTAL This Period (last page this line number only)	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Murphy Putnam Shorr <hr/> Mailing Address 901 N Washington St Ste 500 <hr/> City Alexandria State VA Zip Code 22314-1535 <hr/> Purpose of Disbursement Advertising Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D226 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 4 <hr/> Amount of Each Disbursement this Period 35232.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Murphy Putnam Shorr <hr/> Mailing Address 901 N Washington St Ste 500 <hr/> City Alexandria State VA Zip Code 22314-1535 <hr/> Purpose of Disbursement Professional Fees Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D230 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 4 <hr/> Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total Merchant Services <hr/> Mailing Address 10705 Red Run Blvd <hr/> City Owings Mills State MD Zip Code 21117-5134 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D68 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 4 <hr/> Amount of Each Disbursement this Period 5.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

37737.55

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

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Total Merchant Services

Transaction ID: D197
Date of Disbursement

Mailing Address 10705 Red Run Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	4

City Owings Mills State MD Zip Code 21117-5134

Amount of Each Disbursement this Period

484.00

Purpose of Disbursement
Credit Card Fees
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Total Merchant Services

Transaction ID: D200
Date of Disbursement

Mailing Address 10705 Red Run Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	4

City Owings Mills State MD Zip Code 21117-5134

Amount of Each Disbursement this Period

348.87

Purpose of Disbursement
Credit Card Fees
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Total Merchant Services

Transaction ID: D220
Date of Disbursement

Mailing Address 10705 Red Run Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	4

City Owings Mills State MD Zip Code 21117-5134

Amount of Each Disbursement this Period

210.39

Purpose of Disbursement
Credit Card Fees
Candidate Name

001

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1043.26

TOTAL This Period (last page this line number only)

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**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Total Merchant Services	Transaction ID: D222 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Owings Mills State MD Zip Code 21117-5134	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees - AMEX	<input type="text" value="6.50"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Total Merchant Services	Transaction ID: D232 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="08"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Owings Mills State MD Zip Code 21117-5134	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="90.52"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Total Merchant Services	Transaction ID: D233 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Owings Mills State MD Zip Code 21117-5134	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="50.40"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="147.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Total Merchant Services	Transaction ID: D234 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2004"/>
	City Owings Mills State MD Zip Code 21117-5134	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="3.38"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Total Merchant Services	Transaction ID: D281 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2004"/>
	City Owings Mills State MD Zip Code 21117-5134	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees - Discover	<input type="text" value="1.17"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Malchow Schlackman Hoppey & Cooper, Inc.	Transaction ID: D76 Date of Disbursement
	Mailing Address 1101 14th St NW # 202	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2004"/>
	City Washington State DC Zip Code 20005-5601	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising	<input type="text" value="16000.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="004"/>
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="16004.55"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Malchow Schlackman Hoppey & Cooper, Inc.	Transaction ID: D212 Date of Disbursement 07 / 27 / 2004
	Mailing Address 1101 14th St NW # 202	Amount of Each Disbursement this Period 25856.40
	City Washington State DC Zip Code 20005-5601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 004
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Malchow Schlackman Hoppey & Cooper, Inc.	Transaction ID: D223 Date of Disbursement 08 / 05 / 2004
	Mailing Address 1101 14th St NW # 202	Amount of Each Disbursement this Period 16000.00
	City Washington State DC Zip Code 20005-5601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 004
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Malchow Schlackman Hoppey & Cooper, Inc.	Transaction ID: D235 Date of Disbursement 08 / 11 / 2004
	Mailing Address 1101 14th St NW # 202	Amount of Each Disbursement this Period 16400.00
	City Washington State DC Zip Code 20005-5601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 004
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	58256.40
TOTAL This Period (last page this line number only)	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A. Full Name (Last, First, Middle Initial) Malchow Schlackman Hoppey & Cooper, Inc.</p> <p>Mailing Address 1101 14th St NW # 202</p> <p>City Washington State DC Zip Code 20005-5601</p> <p>Purpose of Disbursement Advertising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D257 Date of Disbursement 07 / 21 / 2004</p> <p>Amount of Each Disbursement this Period 18404.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Michael's Signs</p> <p>Mailing Address 2066 1/2 17th St</p> <p>City Sarasota State FL Zip Code 34234-7652</p> <p>Purpose of Disbursement Advertising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D87 Date of Disbursement 08 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 230.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Phillip R Dupre</p> <p>Mailing Address 2021 Kalorama Rd NW Apt 4</p> <p>City Washington State DC Zip Code 20009-1464</p> <p>Purpose of Disbursement Reimburse Moving Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D229 Date of Disbursement 08 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 569.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

19204.31

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

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A. Full Name (Last, First, Middle Initial) David David Shapiro</p> <p>Mailing Address 5212 Siesta Cove Dr</p> <p>City Sarasota State FL Zip Code 34242-1709</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142576 Date of Disbursement 07 / 04 / 2004</p> <p>Amount of Each Disbursement this Period 528.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142580 Date of Disbursement 07 / 10 / 2004</p> <p>Amount of Each Disbursement this Period 38.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142581 Date of Disbursement 07 / 05 / 2004</p> <p>Amount of Each Disbursement this Period 25.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>

SUBTOTAL of Disbursements This Page (optional) ▶

591.46

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

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142596</p> <p>Date of Disbursement 07 / 13 / 2004</p> <p>Amount of Each Disbursement this Period 21.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142600</p> <p>Date of Disbursement 07 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 39.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142601</p> <p>Date of Disbursement 07 / 16 / 2004</p> <p>Amount of Each Disbursement this Period 51.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>

SUBTOTAL of Disbursements This Page (optional) ►

112.46

TOTAL This Period (last page this line number only) ►

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142606 Date of Disbursement 07 / 08 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 16.84
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

B.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142607 Date of Disbursement 07 / 25 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 7.00
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

C.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142608 Date of Disbursement 07 / 23 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 33.44
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

SUBTOTAL of Disbursements This Page (optional)	57.28
TOTAL This Period (last page this line number only)	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142609 Date of Disbursement 07 / 20 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 30.14
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

B.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142610 Date of Disbursement 07 / 23 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 33.44
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

C.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142611 Date of Disbursement 07 / 06 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 19.26
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

SUBTOTAL of Disbursements This Page (optional)	▶	82.84
TOTAL This Period (last page this line number only)	▶	

**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142612 Date of Disbursement 07 / 02 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 30.68
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

B.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142613 Date of Disbursement 07 / 08 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 37.97
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

C.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142614 Date of Disbursement 07 / 26 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 9.00
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement	* in-kind received
	Candidate Name Christine Jennings	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

SUBTOTAL of Disbursements This Page (optional)	77.65
TOTAL This Period (last page this line number only)	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Christine L. Jennings

Transaction ID: D142615
Date of Disbursement

Mailing Address 988 Blvd Of The Arts
Apt 510

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	0	4

City Sarasota State FL Zip Code 34236-4835

Amount of Each Disbursement this Period

35.16

Purpose of Disbursement
Matching In-kind Disbursement

Category/ Type

Candidate Name
Christine Jennings

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

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

* in-kind received

State: FL District: 13

B.

Full Name (Last, First, Middle Initial)
Ms. Christine L. Jennings

Transaction ID: D142616
Date of Disbursement

Mailing Address 988 Blvd Of The Arts
Apt 510

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	0	4

City Sarasota State FL Zip Code 34236-4835

Amount of Each Disbursement this Period

50.13

Purpose of Disbursement
Matching In-kind Disbursement

Category/ Type

Candidate Name
Christine Jennings

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

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

* in-kind received

State: FL District: 13

C.

Full Name (Last, First, Middle Initial)
Ms. Christine L. Jennings

Transaction ID: D142617
Date of Disbursement

Mailing Address 988 Blvd Of The Arts
Apt 510

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	4

City Sarasota State FL Zip Code 34236-4835

Amount of Each Disbursement this Period

257.25

Purpose of Disbursement
Matching In-kind Disbursement

Category/ Type

Candidate Name
Christine Jennings

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

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

* in-kind received

State: FL District: 13

SUBTOTAL of Disbursements This Page (optional) ▶

342.54

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

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**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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142618 Date of Disbursement 07 / 25 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 113.55
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement Candidate Name Christine Jennings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

B.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142628 Date of Disbursement 07 / 29 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 13.00
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement Candidate Name Christine Jennings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

C.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D142629 Date of Disbursement 07 / 29 / 2004
	Mailing Address 988 Blvd Of The Arts Apt 510	Amount of Each Disbursement this Period 35.00
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Matching In-kind Disbursement Candidate Name Christine Jennings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13 Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

SUBTOTAL of Disbursements This Page (optional)	161.55
TOTAL This Period (last page this line number only)	

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142630 Date of Disbursement 07 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 35.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142631 Date of Disbursement 07 / 28 / 2004</p> <p>Amount of Each Disbursement this Period 36.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142632 Date of Disbursement 07 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 36.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>

SUBTOTAL of Disbursements This Page (optional) ▶

108.35

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

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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Christine L. Jennings

Transaction ID: D142633
Date of Disbursement

Mailing Address 988 Blvd Of The Arts
Apt 510

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	4

City Sarasota State FL Zip Code 34236-4835

Amount of Each Disbursement this Period

2952.81

Purpose of Disbursement
Matching In-kind Disbursement

Category/ Type

Candidate Name
Christine Jennings

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

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2004
 Primary General
 Other (specify) ▼

* in-kind received

B.

Full Name (Last, First, Middle Initial)
Ms. Christine L. Jennings

Transaction ID: D142634
Date of Disbursement

Mailing Address 988 Blvd Of The Arts
Apt 510

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	4

City Sarasota State FL Zip Code 34236-4835

Amount of Each Disbursement this Period

142.80

Purpose of Disbursement
Matching In-kind Disbursement

Category/ Type

Candidate Name
Christine Jennings

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

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2004
 Primary General
 Other (specify) ▼

* in-kind received

C.

Full Name (Last, First, Middle Initial)
Ms. Christine L. Jennings

Transaction ID: D142635
Date of Disbursement

Mailing Address 988 Blvd Of The Arts
Apt 510

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	4

City Sarasota State FL Zip Code 34236-4835

Amount of Each Disbursement this Period

124.80

Purpose of Disbursement
Matching In-kind Disbursement

Category/ Type

Candidate Name
Christine Jennings

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

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2004
 Primary General
 Other (specify) ▼

* in-kind received

SUBTOTAL of Disbursements This Page (optional)

3220.41

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

<p>A. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142636 Date of Disbursement 07 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 2952.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142638 Date of Disbursement 07 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 13.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings</p> <p>Mailing Address 988 Blvd Of The Arts Apt 510</p> <p>City Sarasota State FL Zip Code 34236-4835</p> <p>Purpose of Disbursement Matching In-kind Disbursement</p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D142639 Date of Disbursement 08 / 05 / 2004</p> <p>Amount of Each Disbursement this Period 20.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2986.16

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

**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)

PAGE 71 / 73

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

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NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Bettina Von Walhof

Transaction ID: D142640

Date of Disbursement

Mailing Address 1111 Ritz Carlton Dr
24230 Montcaret

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	4

City State Zip Code
Sarasota FL 34236-5594

Amount of Each Disbursement this Period

648.00

Purpose of Disbursement
Matching In-kind Disbursement

--

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

* in-kind received

State: District:

SUBTOTAL of Disbursements This Page (optional)

648.00

TOTAL This Period (last page this line number only)

315768.39

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 72 / 73
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

Transaction ID: L256

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 988 Blvd Of The Arts Apt 510	
City Sarasota State FL ZIP Code 34236-4835	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred M M 03 D D 24 Y Y Y Y 2004	Date Due	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 73 / 73
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Chris Jennings for Congress

Transaction ID: L269

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 988 Blvd Of The Arts Apt 510	
City Sarasota State FL ZIP Code 34236-4835	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 29 Y Y Y Y 2004		.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	250000.00
TOTALS This Period (last page in this line only)	300000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.