

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
21st Century Democrats

A. Full Name (Last, First, Middle Initial) HERSETH FOR CONGRESS <hr/> Mailing Address P.O. Box 2009 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Contribution Candidate Name HERSETH FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5902 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 4
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BARBIERI FOR CONGRESS <hr/> Mailing Address 201 W NORTH RIVER DR STE 370 <hr/> City SPOKANE State WA Zip Code 99201 <hr/> Purpose of Disbursement Contribution Candidate Name Don Barbieri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5900 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 4
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF JON JENNINGS COMMITTEE <hr/> Mailing Address PO BOX 3155 <hr/> City EVANSVILLE State IN Zip Code 47731 <hr/> Purpose of Disbursement Contribution Candidate Name Jon Jennings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5901 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 4
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)