

**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)

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<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
 Abercrombie for Congress

Full Name (Last, First, Middle Initial)  
 A. Friends of Roz Baker

Mailing Address P O Box 10394

City Lahaina State HI Zip Code 96761-0394

Purpose of Disbursement  
 NONFEDERAL CONTRIBUTION

Candidate Name

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

State: District

Category/  
 Type

Transaction ID: 1018200443E2878  
 Date of Disbursement

10 / 18 / 2004

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)  
 B. Leonard Boswell for Congress

Mailing Address 1408 Locust St

City Des Moines State IA Zip Code 50308-

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 LEONARDL. BOSWELL

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

State: IA District 03

Category/  
 Type

Transaction ID: 1129200448E2911  
 Date of Disbursement

10 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
 C. Friends of Pano Chong

Mailing Address 45-934 Kam Hwy #C PPMB 322

City Kaneohe State HI Zip Code 96744-

Purpose of Disbursement  
 NONFEDERAL CONTRIBUTION

Candidate Name

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

State: District

Category/  
 Type

Transaction ID: 1018200443E2872  
 Date of Disbursement

10 / 18 / 2004

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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