

**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 51 / 51
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (in Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Bob Odell for State Senate		Transaction ID: SB21.16232
Mailing Address PO Box 23		Date of Disbursement 08 / 12 / 2004
City Lempster	State NH	Zip Code 03805
Purpose of Disbursement Contribution: Excess Campaign Funds		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. NEBRASKA REPUBLICAN FEDERAL CAMPAIGN COMMITTEE		Transaction ID: SB21.16316
Mailing Address 1610 N Street		Date of Disbursement 08 / 13 / 2004
City LINCOLN	State NE	Zip Code 68506
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	5500.00