

**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)
Committee to Elect Gary Ackerman

Full Name (Last, First, Middle Initial)
A. Barbieri for Congress

Mailing Address 201 W. North River Dr.
Suite 37D

City Spokane State WA Zip Code 99201

Purpose of Disbursement
Contribution WA-05 US House

Candidate Name
Mr. Donald K. Barbieri

Office Sought: House
Senate
President

State: WA District: D5

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: D878D
Date of Disbursement

10 / 05 / 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)
B. Boswell For Congress

Mailing Address PO Box 36272

City Des Moines State IA Zip Code 50315

Purpose of Disbursement
Contribution IA-03 US House

Candidate Name
Leonard L. Boswell

Office Sought: House
Senate
President

State: IA District: D3

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: D8777
Date of Disbursement

10 / 01 / 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 Dave Ross

Mailing Address 7683 SE 27th St.
PMB 163

City Mercer Island State WA Zip Code 98040

Purpose of Disbursement
Contribution WA-08 US House

Candidate Name
Dave Ross

Office Sought: House
Senate
President

State: WA District: D8

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: D8781
Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

3000.00