

**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)
SPRATT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DAVE ROSS

Mailing Address 7683 SE 27th St PMB 163

City Mercer Island State WA Zip Code 98040

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President

State: WA District: D8

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.11561

Date of Disbursement

09 / 29 / 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. FRIENDS OF JON JENNINGS COMMITTEE

Mailing Address PO BOX 3155

City EVANSVILLE State IN Zip Code 47731

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President

State: IN District: D8

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.11542

Date of Disbursement

09 / 29 / 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. Martin Frost

Mailing Address Six E Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President

State: TX District: 24

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.11089

Date of Disbursement

08 / 10 / 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) ▶