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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN NEUROLOGICAL SURGERY POLITICAL ACTION COMMITTEE

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

Mailing Address PO Box 1998

City: St. Helena
State: CA
Zip Code: 94574

Purpose of Disbursement

Candidate Name
Mike Thompson

011
Category/Type

Office Sought: X House / Senate / President
State: CA District:

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: 20355398
Date of Disbursement
09 / 15 / 2004

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	2000.00
TOTAL This Period (last page this line number only) ..... ▶	17000.00