

**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 57 / 58

<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)
Bass Victory Committee

Full Name (Last, First, Middle Initial)
A. Friends of Tom Eaton

Mailing Address PO Box 269

City Hancock State NH Zip Code 03449-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

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

Category/
Type

Transaction ID: D715200456E2067
Date of Disbursement
06 / 15 / 2004

Amount of Each Disbursement this Period
400.00

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

Full Name (Last, First, Middle Initial)
B. NH Federation of GOP Women

Mailing Address 65 Victoria Street

City Manchester State NH Zip Code 03104-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

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

Category/
Type

Transaction ID: D715200456E2078
Date of Disbursement
04 / 20 / 2004

Amount of Each Disbursement this Period
400.00

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

Full Name (Last, First, Middle Initial)
C. National Republican Congressional Comm

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

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

Category/
Type

Transaction ID: D715200456E2081
Date of Disbursement
04 / 01 / 2004

Amount of Each Disbursement this Period
15000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ **15800.00**

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