

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)

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

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NAME OF COMMITTEE (In Full)
Betty Castor for U.S. Senate

Full Name (Last, First, Middle Initial) A. Seymour Schwartz		Transaction ID: D11894 Date of Disbursement 12 / 17 / 2004
Mailing Address 100 Putnam Green		Amount of Each Disbursement this Period 250.00
City Greenwich State CT Zip Code 06830-6877	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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

Full Name (Last, First, Middle Initial) B. Marvis Snell		Transaction ID: D11859 Date of Disbursement 12 / 20 / 2004
Mailing Address 10608 US 41 North		Amount of Each Disbursement this Period 1000.00
City Palmetto State FL Zip Code 34221-8726	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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

Full Name (Last, First, Middle Initial) C. Theodore Spencer		Transaction ID: D11901 Date of Disbursement 12 / 20 / 2004
Mailing Address 22 West 12th Street Apt. 1		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 11011	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶