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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Independent Insurance Agents of America Political Action Committee (INSURPAC)

A.
Full Name (Last, First, Middle Initial): Friends of Harry Reid
Mailing Address: 422 C Street NE, Lower Level
City: Washington | State: DC | Zip Code: 20002-
Purpose of Disbursement:
Candidate Name: HARRY REID
Category/Type:
Office Sought: House / X Senate / President
State: NV District: 00
Disbursement For: 2004 Primary General / X Other (specify) ▼ E2004 PRIMARY
Transaction ID: D8192D0447E56D3
Date of Disbursement: 08 / 17 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Volunteers for Shimkus
Mailing Address: P.O. Box 661
City: Collinsville | State: IL | Zip Code: 62234-
Purpose of Disbursement:
Candidate Name: JOHNM SHIMKUS
Category/Type:
Office Sought: X House / Senate / President
State: IL District: 19
Disbursement For: 2004 Primary General / X Other (specify) ▼ E2004 GENERAL
Transaction ID: D8192D0447E55B6
Date of Disbursement: 08 / 08 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Mike Thompson for Congress Cmte.
Mailing Address: PO Box 1988
City: Saint Helena | State: CA | Zip Code: 94574-
Purpose of Disbursement:
Candidate Name: MIKE THOMPSON
Category/Type:
Office Sought: X House / Senate / President
State: CA District: 01
Disbursement For: 2004 Primary General / X Other (specify) ▼ E2004 GENERAL
Transaction ID: D8192D0447E5600
Date of Disbursement: 08 / 17 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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