

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
Florida Crystals Inc PAC

Full Name (Last, First, Middle Initial) A. Grassley Committee		Date of Disbursement 04 / 15 / 2003	
Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Chuck E. Grassley (IA-R)		Contribution: Chuck E. Grassley (IA-R)	
Candidate Name Chuck E. Grassley (IA-R)			
Office Sought: House X Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	Transaction ID: D20B	
State: IA District: 0			

Full Name (Last, First, Middle Initial) B. Grassley Committee		Date of Disbursement 04 / 15 / 2003	
Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Chuck E. Grassley (IA-R)		Contribution: Chuck E. Grassley (IA-R)	
Candidate Name Chuck E. Grassley (IA-R)			
Office Sought: House X Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼	Transaction ID: D21D	
State: IA District: 0			

Full Name (Last, First, Middle Initial) C. Bob Graham for President		Date of Disbursement 06 / 18 / 2003	
Mailing Address 7333 Miami Lakes Drive City Miami Lakes State FL Zip Code 33014-8997		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Bob Graham (-D)		Contribution: Bob Graham (-D)	
Candidate Name Bob Graham (-D)			
Office Sought: House Senate X President	Disbursement For: 2004 X Primary General Other (specify) ▼	Transaction ID: D221	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	