

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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. **Al Green for Congress**

Mailing Address **3003 South Loop, Suite 420**

City **Houston** State **TX** Zip Code **77054**

Purpose of Disbursement

Candidate Name **Al Green for Congress** Category/Type

Office Sought: House	Disbursement For: 2004	X Primary General	Other (specify) ▼
Senate			
President			
State: District			

Transaction ID: **SB21.8620**
Date of Disbursement
02 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. **Citizens for Maria Chappelle-Nadell**

Mailing Address **8701 Delmar, Suite 40**

City **St. Louis** State **MO** Zip Code **63124**

Purpose of Disbursement

Candidate Name **Citizens for Maria Chappelle-Nadell** Category/Type

Office Sought: House	Disbursement For: 2004	X Primary General	Other (specify) ▼
Senate			
President			
State: District			

Transaction ID: **SB21.8616**
Date of Disbursement
01 / 19 / 2004

Amount of Each Disbursement this Period
300.00

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

Full Name (Last, First, Middle Initial)
C. **Carol Clay**

Mailing Address **14917 Claude Lane**

City **Silver Spring** State **MD** Zip Code **20905**

Purpose of Disbursement
Reimbursement for Luncheon Tickets

Candidate Name **CLAY JR. FOR CONGRESS** Category/Type

Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2004	X Primary General	Other (specify) ▼
Senate			
President			
State: MO District 1			

Transaction ID: **SB21.8747**
Date of Disbursement
03 / 10 / 2004

Amount of Each Disbursement this Period
450.00

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

SUBTOTAL of Disbursements This Page (optional) ► 1750.00

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