

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)

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<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)
 Nita Lowey for Congress

Full Name (Last, First, Middle Initial)

A. DALY FOR CONGRESS

Mailing Address PO BOX 241088

City Apple Valley State MN Zip Code 55124

Purpose of Disbursement
 Contribution

Candidate Name
 DALY, TERESA ANN

Office Sought: House
 Senate
 President

State: MN District: D2

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88229

Date of Disbursement

09 / 23 / 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. DAVE THOMAS FOR US CONGRESS

Mailing Address 7708 Gunsight Pass

City Littleton State CO Zip Code 80127

Purpose of Disbursement
 Contribution

Candidate Name
 THOMAS, DAVID JEFFREY

Office Sought: House
 Senate
 President

State: CO District: D2

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88230

Date of Disbursement

09 / 22 / 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)

C. DONNELLY FOR CONGRESS COMMITTEE

Mailing Address 215 SOUTH ST JOSEPH ST STE 800
 CENTURY BUILDING

City SOUTH BEND State IN Zip Code 46801

Purpose of Disbursement
 Contribution

Candidate Name
 DONNELLY, JOSEPH SIMON

Office Sought: House
 Senate
 President

State: IN District: D2

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D88231

Date of Disbursement

09 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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