

**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)

PAGE 1 OF 1

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input 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"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Gap Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Clay Shaw		Date of Disbursement M O N T H Y E A R 01 31 2005	
Mailing Address 200 NE 14th Street Causeway City State Zip Code Fort Lauderdale, FL 33302		Amount of Each Disbursement this Period \$ 1,000.00	
Purpose of Disbursement Contribution		Category/Type 011	
Candidate Name Clay E. Shaw			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
State: FL District: 23			
Full Name (Last, First, Middle Initial) B.		Date of Disbursement M O N T H Y E A R	
Mailing Address City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
State: District:			
Full Name (Last, First, Middle Initial) C.		Date of Disbursement M O N T H Y E A R	
Mailing Address City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		1,000.00	
TOTAL This Period (last page this line number only)		1,000.00	