

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DAVE ROSS

Mailing Address 7683 SE 27TH PMB 183

City State Zip Code
MERCER ISLAND WA 98040

Purpose of Disbursement
Contribution

Candidate Name
Dave Ross

Office Sought: House
Senate
President
State: WA District: D8

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D3524
Date of Disbursement

09 / 30 / 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. FRIENDS OF JOHN BARROW

Mailing Address 2141 B West Broad St

City State Zip Code
Athens GA 30606

Purpose of Disbursement
Contribution

Candidate Name
John Barrow

Office Sought: House
Senate
President
State: GA District: 12

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D3534
Date of Disbursement

09 / 08 / 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. Friends of Jon Jennings Committee

Mailing Address PO Box 3155

City State Zip Code
Evansville IN 47731

Purpose of Disbursement
Contribution

Candidate Name
Jon Paul Jennings

Office Sought: House
Senate
President
State: IN District: D8

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D3525
Date of Disbursement

09 / 30 / 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) ▶