

**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"/> 18a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Friends of Senator Nickles

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Comm.

Mailing Address

425 N.E. Second St.

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Transfer of excess campaign funds

Candidate Name

Don Nickles

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

06 / 25 / 2004

Amount of Each Disbursement this Period

100,000.00

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

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

100,000.00

117,755.58