22037760637

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BRACH-PAC

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF CONNIE MORELLA FOR CONGRESS
Mailing Address
2229 Rayburn House Office Bldg
City: Washington State: DC Zip Code: 20515
Purpose of Disbursement: Contribution
Candidate Name: Morella, Constance A.
Category/Type: 0 1 1
Office Sought: X House ☐ Senate ☐ President
State: MD District: 8th
Disbursement For: ☐ Primary X General ☐ Other (specify)
Date of Disbursement: 0 3 2 3 2 0 0 2
Amount of Each Disbursement this Period: 5 0 0 0 0

B.
Full Name (Last, First, Middle Initial)
IKE SKELTON FOR CONGRESS COMMITTEE
Mailing Address
1814 Franklin Ave.
City: Lexington State: MO Zip Code: 64067
Purpose of Disbursement: Contribution
Candidate Name: Skelton, Ike
Category/Type: 0 1 1
Office Sought: X House ☐ Senate ☐ President
State: MO District: 4th
Disbursement For: ☐ Primary X General ☐ Other (specify)
Date of Disbursement: 0 7 2 2 2 0 0 2
Amount of Each Disbursement this Period: 1 0 0 0 0 0

C.
Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS
Mailing Address
1439 Kearney St.
City: St Helena State: CA Zip Code: 94574
Purpose of Disbursement: Contribution
Candidate Name: Thompson, C. Michael
Category/Type: 0 1 1
Office Sought: X House ☐ Senate ☐ President
State: CA District: 1st
Disbursement For: ☐ Primary X General ☐ Other (specify)
Date of Disbursement: 0 7 2 5 2 0 0 2
Amount of Each Disbursement this Period: 5 0 0 0 0

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2 0 0 0 0 0

TOTAL This Period (last page this line number only) ..... ▶ 3 5 0 0 0 0

FEC Schedule B (Form 3X) (Revised 1/01)

PRINT RESET