

**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 92 / 94			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
Nationwide Political Participation Committee

Full Name (Last, First, Middle Initial) A. Care Political Action Committee (CARE PAC)		Transaction ID: D5077-2046187254447 Date of Disbursement 10 / 16 / 2003	
Mailing Address 228 S Washington Street Suite 340			
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2003 Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Friends of John LaFalce		Transaction ID: 55617-3217279314894 Date of Disbursement 10 / 29 / 2003	
Mailing Address 625 Fairmont Avenue			
City North Tonawanda	State NY	Zip Code 14120	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement 2001 Primary		Category/ Type	
Candidate Name LaFalce John			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District 28			Uncashed Contribution

Full Name (Last, First, Middle Initial) C. Hooley for Congress		Transaction ID: 05077-9505273699760 Date of Disbursement 10 / 16 / 2003	
Mailing Address PO Box 2050			
City Salem	State OR	Zip Code 97308	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2004 Primary		Category/ Type	
Candidate Name Hooley Darlene			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OR District 05			

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	