

**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 5 OF 7 | |
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 28 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28b | <input type="checkbox"/> 29b | <input type="checkbox"/> 29c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30a | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose 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)
BRUNSWICK GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) **GRASSLEY COMMITTEE, INC., GRASSLEY WORKS 2004** Date of Disbursement **03/15/2004**

Mailing Address **PO BOX 1000**

City **DES MOINES, IA 50304** State **IA** Zip Code **50304**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type **011** Amount of Each Disbursement this Period **1,000.00**

Candidate Name **SENATOR CHARLES GRASSLEY**

Office Sought: House Senate President
 District State Other (specify) _____

Disbursement For: Primary General Other (specify) _____

B. Full Name (Last, First, Middle Initial) **MISSOURIANS FOR KIT BOND** Date of Disbursement **09/15/2004**

Mailing Address **1900 N. PROVIDENCE, SUITE 311**

City **COLUMBIA, MO 65202** State **MO** Zip Code **65202**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type **011** Amount of Each Disbursement this Period **1,000.00**

Candidate Name **SENATOR KIT BOND**

Office Sought: House Senate President
 District State Other (specify) _____

Disbursement For: Primary General Other (specify) _____

C. Full Name (Last, First, Middle Initial) **FRIENDS FOR HARRY REID** Date of Disbursement **09/15/2004**

Mailing Address **1325 E. VEGAS VALLEY DR., SUITE C**

City **LAS VEGAS, NV 89109** State **NV** Zip Code **89109**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type **011** Amount of Each Disbursement this Period **1,000.00**

Candidate Name **SENATOR HARRY REID**

Office Sought: House Senate President
 District State Other (specify) _____

Disbursement For: Primary General Other (specify) _____

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (add page 3's line number only) _____