

**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)  
Martin Olav Sabo for Congress Volunteer Committee

Full Name (Last, First, Middle Initial)

**A.** Clooney for Congress

Mailing Address 2073 Dixie Highway

City Fort Mitchell State KY Zip Code 41017

Purpose of Disbursement  
Contribution - KY04

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D7575

Date of Disbursement

10 / 05 / 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 Dave Ross

Mailing Address 12443 Bel Red Road #360

City Bellevue State WA Zip Code 98005

Purpose of Disbursement  
Contribution - WA08

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D7576

Date of Disbursement

10 / 05 / 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.** Gallagher for Congress

Mailing Address 4300 East Sunset Road, E-1

City Henderson State NV Zip Code 89014

Purpose of Disbursement  
Contribution - NV03

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D7577

Date of Disbursement

10 / 05 / 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) ▶