

**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)  
 Charles A. Gonzalez Congressional Campaign

Full Name (Last, First, Middle Initial)  
**A. Joel Williams Campaign**

Mailing Address PO Box 340328

City San Antonio State TX Zip Code 78234

Purpose of Disbursement  
 Non-federal contribution

Candidate Name

Office Sought: House Senate President  
 House  Senate  President

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

State: District

Transaction ID: D3507  
 Date of Disbursement  
 05 / 28 / 2004

Amount of Each Disbursement this Period  
 250.00

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

Full Name (Last, First, Middle Initial)  
**B. JOHN SALAZAR FOR CONGRESS**

Mailing Address P.O. Box 1737

City Alamosa State CO Zip Code 81101

Purpose of Disbursement  
 Contribution

Candidate Name  
 John T. Salazar

Office Sought:  House Senate President  
 House  Senate  President

Disbursement For: 2004  
 X Primary General  
 Other (specify) ▼

State: CO District 03

Transaction ID: D3508  
 Date of Disbursement  
 05 / 19 / 2004

Amount of Each Disbursement this Period  
 500.00

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

Full Name (Last, First, Middle Initial)  
**C. JOHN SALAZAR FOR CONGRESS**

Mailing Address P.O. Box 1737

City Alamosa State CO Zip Code 81101

Purpose of Disbursement  
 Contribution

Candidate Name  
 John T. Salazar

Office Sought:  House Senate President  
 House  Senate  President

Disbursement For: 2004  
 X Primary General  
 Other (specify) ▼

State: CO District 03

Transaction ID: D3620  
 Date of Disbursement  
 06 / 15 / 2004

Amount of Each Disbursement this Period  
 500.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►