

**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)
John Shadeggs Friends

Full Name (Last, First, Middle Initial)
A. Rob Simmons for Congress

Transaction ID: 50331.E6802
Date of Disbursement

Mailing Address P.O. Box 268, Drawer 271

03 / 16 / 2005

City Stonington State CT Zip Code 06378-

Amount of Each Disbursement this Period

Purpose of Disbursement
CAMPAIGN CONTR. CT-2 PRIMARY

1000.00

Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

10000.00