

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)

<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)
Friends of Weiner

Full Name (Last, First, Middle Initial) A. Higgins For Congress		Transaction ID: D26099 Date of Disbursement 09 / 21 / 2004
Mailing Address 43 Morgan Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo	State NY	
Zip Code 14220		
Purpose of Disbursement Campaign Contribution		
Candidate Name Higgins For Congress		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 27		

Full Name (Last, First, Middle Initial) B. Dave Thomas For Congress		Transaction ID: D26106 Date of Disbursement 09 / 21 / 2004
Mailing Address 7625 W 5th Ave Ste 200D		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lakewood	State CO	
Zip Code 80226-1453		
Purpose of Disbursement Campaign Contribution		
Candidate Name Dave Thomas		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 7		

Full Name (Last, First, Middle Initial) C. Democratic Club of El Barrio		Transaction ID: D26180 Date of Disbursement 09 / 07 / 2004
Mailing Address PO Box 505		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York	State NY	
Zip Code 10029-0272		
Purpose of Disbursement Contribution		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	