

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)
A. SIMMONS FOR CONGRESS

Transaction ID: SB23.4553
Date of Disbursement

10 / 10 / 2004

Mailing Address P.O. Box 268 Drawer 271
P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
SIMMONS FOR CONGRESS

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: CT District: D2

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00