

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1625 K STREET NW SUITE 210 WASHINGTON DC 20006

2. FEC IDENTIFICATION NUMBER C00112680 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2004 through 10 31 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Valerie Dulk Jacobs

Signature of Treasurer Electronically Filed by Valerie Dulk Jacobs Date 10 19 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		23126.86
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period .....	35467.34									
(c) Total Receipts (from Line 19) .....	21170.54	78801.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56637.88	101928.83								
7. Total Disbursements (from Line 31) .....	51271.06	96562.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5366.82	5366.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6804.00	27848.00
(ii) Unitemized .....	14361.00	42919.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21165.00	70767.13
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	8001.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21165.00	78768.13
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5.54	33.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21170.54	78801.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21170.54	78801.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2771.06	13062.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2771.06	13062.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	83500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	51271.06	96562.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51271.06	96562.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	21165.00	78768.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21165.00	78768.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2771.06	13062.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2771.06	13062.01

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Aten	Date of Receipt MM / DD / YYYY 10 / 26 / 2004
	Mailing Address 8197 Washington Avenue	<b>Transaction ID:</b> SA11AI.10711
	City Cleveland State OH Zip Code 44133	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer N/A Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Arthur Burks	Date of Receipt MM / DD / YYYY 10 / 11 / 2004
	Mailing Address 3445 Vintage Valley Rd.	<b>Transaction ID:</b> SA11AI.10906
	City Ann Arbor State MI Zip Code 48105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer n/a Occupation n/a Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Barbara Burnim	Date of Receipt MM / DD / YYYY 10 / 25 / 2004
	Mailing Address 6 Artichoke Terrace	<b>Transaction ID:</b> SA11AI.10800
	City Newburyport State MA Zip Code 01950	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Applied Graphics Inc. Occupation Business Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Bush

Mailing Address 40 Kendrick Road

City East Harwich State MA Zip Code 02645

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.00

Date of Receipt: 10 / 22 / 2004  
**Transaction ID:** SA11AI.10754  
 Amount of Each Receipt this Period: 112.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Douglas Christenson

Mailing Address HC64 Box 8288

City Ketchum State ID Zip Code 83340

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 26 / 2004  
**Transaction ID:** SA11AI.11705  
 Amount of Each Receipt this Period: 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Helmut Friedlaender

Mailing Address 173 Riverside Drive

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 10 / 26 / 2004  
**Transaction ID:** SA11AI.11737  
 Amount of Each Receipt this Period: 270.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1382.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Eli Glatstein			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4		
	Mailing Address 220 West Rittenhouse Square Apt 12D			<b>Transaction ID:</b> SA11AI.11714		
	City Philadelphia	State PA	Zip Code 19103	Amount of Each Receipt this Period 150.00		
	FEC ID number of contributing federal political committee. C			Contribution		
	Name of Employer hospital university of pennsylvania		Occupation physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Gluckman			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4		
	Mailing Address 3909 Foster Street			<b>Transaction ID:</b> SA11AI.10793		
	City Evanston	State IL	Zip Code 60203	Amount of Each Receipt this Period 135.00		
	FEC ID number of contributing federal political committee. C			Contribution		
	Name of Employer Self		Occupation Physician	Aggregate Year-to-Date 235.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Bernard Kleiman			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4		
	Mailing Address 110 Schenley Road			<b>Transaction ID:</b> SA11AI.10701		
	City Pittsburgh	State PA	Zip Code 15217	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C			Contribution		
	Name of Employer United Steelworkers of America		Occupation Lawyer	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	535.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
John Ladd

Mailing Address 72 Taber Ave

City Providence State RI Zip Code 02906

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation n/a

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 26 / 2004  
Transaction ID: SA11AI.10690  
Amount of Each Receipt this Period: 225.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
James Lee

Mailing Address 8005 Brooklyn Avenue, NE

City Seattle State WA Zip Code 98115

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 26 / 2004  
Transaction ID: SA11AI.10660  
Amount of Each Receipt this Period: 1000.00  
contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Marks

Mailing Address 0668 SW Palatine Hill Road

City Portland State OR Zip Code 97219

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation n/a

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2004  
Transaction ID: SA11AI.10725  
Amount of Each Receipt this Period: 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2225.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Rothman		Date of Receipt
	Mailing Address 2020 Lincoln Park West		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	Chicago	IL	60614
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10751
Name of Employer Self		Occupation Futures Trader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="250.00"/>
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Margaret Saunders		Date of Receipt
	Mailing Address 1341 Marlowe Av		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	Cleveland	OH	44107
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10720
Name of Employer NA		Occupation NA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Giovanna Suhl		Date of Receipt
	Mailing Address 690 Fort Washington Avenue #7E		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	New York	NY	10040
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10931
Name of Employer United Nations		Occupation Translator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="212.00"/>	<input type="text" value="112.00"/>
Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1362.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Ms. Giovanna Suhl		Date of Receipt MM / DD / YYYY 10 / 28 / 2004
Mailing Address 690 Fort Washington Avenue #7E		<b>Transaction ID:</b> SA11AI.10648
City New York	State NY	Zip Code 10040
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer United Nations	Occupation Translator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.00	

**B.**

Full Name (Last, First, Middle Initial) W Jape Taylor		Date of Receipt MM / DD / YYYY 10 / 26 / 2004
Mailing Address 500 NW 80th Blvd.		<b>Transaction ID:</b> SA11AI.10638
City Gainesville	State FL	Zip Code 32607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer n/a	Occupation n/a	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Ms Carol Van Sant		Date of Receipt MM / DD / YYYY 10 / 25 / 2004
Mailing Address 502 North Street		<b>Transaction ID:</b> SA11AI.10808
City Chapel Hill	State NC	Zip Code 27514-3725
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 26	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Jean Anne Waterstradt		Date of Receipt																					
	Mailing Address 1335 Washington Blvd.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	4
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	2		2	0	0	4														
	City State Zip Code Ogden UT 84404		<b>Transaction ID:</b> SA11AI.10753																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00																					
Name of Employer Occupation N/A Retired		Contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	6804.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Adams National Bank	Transaction ID: SB21B.11317
	Mailing Address 1501 K Street, NW	Date of Disbursement 10 / 15 / 2004
	City Washington State DE Zip Code 20005	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement bank charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Adams National Bank	Transaction ID: SB21B.12035
	Mailing Address 1501 K Street, NW	Date of Disbursement 10 / 31 / 2004
	City Washington State DE Zip Code 20005	Amount of Each Disbursement this Period 61.20
	Purpose of Disbursement Bank Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION CO- MMITTEE	Transaction ID: SB21B.11127
	Mailing Address 1625 K STREET NW SUITE 210	Date of Disbursement 10 / 14 / 2004
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period 1966.00
	Purpose of Disbursement Postage Reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2032.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Doyal Printing and offset Company	Transaction ID: SB21B.11125 Date of Disbursement
	Mailing Address 6911 Old Landover Road	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Landover State MD Zip Code 20785	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="415.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Doyal Printing and offset Company	Transaction ID: SB21B.11126 Date of Disbursement
	Mailing Address 6911 Old Landover Road	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Landover State MD Zip Code 20785	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="23.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U.S. Postmaster	Transaction ID: SB21B.11316 Date of Disbursement
	Mailing Address Brentwood Road	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Washington State DC Zip Code 20000	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="538.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address Brentwood Road City Washington State DC Zip Code 20000 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11324 Date of Disbursement 10 / 21 / 2004
	Amount of Each Disbursement this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address Brentwood Road City Washington State DC Zip Code 20000 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12034 Date of Disbursement 10 / 29 / 2004
	Amount of Each Disbursement this Period 100.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

200.00

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

2771.06

# 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)

<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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 45706

City Philadelphia State PA Zip Code 19149

Purpose of Disbursement contribution

011  
Category/  
Type

Candidate Name  
ALLYSON SCHWARTZ FOR CONGRESS

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

State: PA District: 13

Transaction ID: SB23.11323  
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

2000.00

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

Mailing Address 201 W. North River Dr.  
Ste. 370

City Spokane State WA Zip Code 99201

Purpose of Disbursement contribution

011  
Category/  
Type

Candidate Name  
BARBIERI FOR CONGRESS

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

State: WA District: 05

Transaction ID: SB23.11328  
Date of Disbursement

10 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address P O BOX 260

City NEWTONVILLE State MA Zip Code 02460

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name  
BARNEY FRANK FOR CONGRESS COMMITTEE

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

State: MA District: 04

Transaction ID: SB23.10978  
Date of Disbursement

10 / 14 / 2004

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8000.00

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



# 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)

<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)

AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BETTY CASTOR FOR SENATE <hr/> Mailing Address POST OFFICE BOX 18045 <hr/> City TAMPA State FL Zip Code 33679 <hr/> Purpose of Disbursement Contribution Candidate Name BETTY CASTOR FOR SENATE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10976 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS <hr/> Mailing Address P.O. Box 15703 P.O. Box 15703 <hr/> City Tallahassee State FL Zip Code 32317 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10995 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BRIAN HIGGINS FOR CONGRESS <hr/> Mailing Address PO Box 28 <hr/> City Buffalo State NY Zip Code 14220 <hr/> Purpose of Disbursement contribution Candidate Name BRIAN HIGGINS FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11320 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7500.00

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

**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)

<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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) CLEAVER FOR CONGRESS</p> <p>Mailing Address 2300 MAIN STREET SUITE 1000</p> <p>City KANSAS CITY State MO Zip Code 64108</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> Category/Type</p> <p>Candidate Name CLEAVER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11336 <b>Date of Disbursement</b> 10 / 26 / 2004</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CONNALLY 04</p> <p>Mailing Address 2999 OLD HIGHWAY 118</p> <p>City DECATUR State NE Zip Code 68020</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> Category/Type</p> <p>Candidate Name CONNALLY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11340 <b>Date of Disbursement</b> 10 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DALY FOR CONGRESS</p> <p>Mailing Address PO BOX 241088</p> <p>City APPLE VALLEY State MN Zip Code 55124</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> Category/Type</p> <p>Candidate Name DALY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11338 <b>Date of Disbursement</b> 10 / 26 / 2004</p> <p>Amount of Each Disbursement this Period 500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1500.00

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

**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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DAVE THOMAS FOR US CONGRESS <hr/> Mailing Address 9101 HARLAN STREET, #150 <hr/> City WESTMINSTER State CO Zip Code 80030 <hr/> Purpose of Disbursement contribution Candidate Name DAVE THOMAS FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11332 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DRISCOLL FOR CONGRRESS <hr/> Mailing Address 904 LEHIGH ST Suite 200 <hr/> City EASTON State PA Zip Code 18042 <hr/> Purpose of Disbursement contribution Candidate Name DRISCOLL FOR CONGRRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11347 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ERSKINE BOWLES FOR US SENATE <hr/> Mailing Address POST OFFICE BOX 28147 <hr/> City RALEIGH State NC Zip Code 27611 <hr/> Purpose of Disbursement Candidate Name ERSKINE BOWLES FOR US SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10984 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
	Amount of Each Disbursement this Period 2000.00
	Category/ Type [ ]
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

# 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)

<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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FARRELL FOR CONGRESS</b> <hr/> Mailing Address P.O. Box 5136 <hr/> City Westport State CT Zip Code 06881 <hr/> Purpose of Disbursement contribution Candidate Name <b>FARRELL FOR CONGRESS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 <hr/> Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.11334 <b>Date of Disbursement</b> 10 / 26 / 2004 <hr/> <b>Amount of Each Disbursement this Period</b> 500.00	
	<b>B.</b> Full Name (Last, First, Middle Initial) <b>FEINGOLD SENATE COMMITTEE</b> <hr/> Mailing Address PO BOX 620062 <hr/> City MIDDLETON State WI Zip Code 53562 <hr/> Purpose of Disbursement Candidate Name <b>FEINGOLD SENATE COMMITTEE</b> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00 <hr/> Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.10989 <b>Date of Disbursement</b> 10 / 14 / 2004 <hr/> <b>Amount of Each Disbursement this Period</b> 1000.00
	<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF DAVE ROSS</b> <hr/> Mailing Address PO Box 1727 <hr/> City Seattle State WA Zip Code 98111 <hr/> Purpose of Disbursement contribution Candidate Name <b>FRIENDS OF DAVE ROSS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 <hr/> Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.11326 <b>Date of Disbursement</b> 10 / 22 / 2004 <hr/> <b>Amount of Each Disbursement this Period</b> 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

<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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF FRANK BARBARO	Transaction ID: SB23.11345 Date of Disbursement
	Mailing Address 1806 West 10th St PMB 178	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Brooklyn State NY Zip Code 11223	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name FRIENDS OF FRANK BARBARO	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GALLAGHER FOR CONGRESS	Transaction ID: SB23.11342 Date of Disbursement
	Mailing Address 6100 ELTON AVENUE SUITE 1000	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City LAS VEGAS State NV Zip Code 89107	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name GALLAGHER FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOOLEY FOR CONGRESS	Transaction ID: SB23.11314 Date of Disbursement
	Mailing Address PO BOX 2050	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City SALEM State OR Zip Code 97308	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name HOOLEY FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# 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)

<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)

AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JIM COSTA FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.11330 Date of Disbursement 10 / 26 / 2004	
	Mailing Address 2037 WEST BULLARD PMB #509		
	City FRESNO State CA Zip Code 93711	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement contribution Candidate Name JIM COSTA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JIM SULLIVAN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.10991 Date of Disbursement 10 / 14 / 2004	
	Mailing Address PO Box 784		
	City Norwich State CT Zip Code 06360	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution Candidate Name JIM SULLIVAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>LAMPSON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.11322 Date of Disbursement 10 / 21 / 2004	
	Mailing Address P.O. Box 58606		
	City Houston State TX Zip Code 77258	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement contribution Candidate Name LAMPSON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LOIS MURPHY FOR CONGRESS <hr/> Mailing Address P.O. Box 312 <hr/> City Narberth State PA Zip Code 19072 <hr/> Purpose of Disbursement contribution Candidate Name LOIS MURPHY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 <hr/> Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11318 Date of Disbursement 10 / 19 / 2004
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MARTIN FROST CAMPAIGN COMMITTEE <hr/> Mailing Address P. O. Box 4219 Suite 1414 <hr/> City Dallas State TX Zip Code 75208 <hr/> Purpose of Disbursement contribution Candidate Name MARTIN FROST CAMPAIGN COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 <hr/> Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11325 Date of Disbursement 10 / 22 / 2004
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS <hr/> Mailing Address POST OFFICE BOX 3068 <hr/> City BARRINGTON State IL Zip Code 60010 <hr/> Purpose of Disbursement contribution Candidate Name MELISSA BEAN FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 <hr/> Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11307 Date of Disbursement 10 / 14 / 2004
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

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

# 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)

<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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MOORE FOR CONGRESS</b></p> <p>Mailing Address PO BOX 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name <b>MOORE FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11309 <b>Date of Disbursement</b> 10 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PAUL BABBITT FOR CONGRESS</b></p> <p>Mailing Address PO BOX 23541</p> <p>City FLAGSTAFF State AZ Zip Code 86002</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> Category/Type</p> <p>Candidate Name <b>PAUL BABBITT FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.10987 <b>Date of Disbursement</b> 10 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>RICHARD ROMERO FOR CONGRESS</b></p> <p>Mailing Address PO Box 25006</p> <p>City Albuquerque State NM Zip Code 87125</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name <b>RICHARD ROMERO FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11313 <b>Date of Disbursement</b> 10 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3500.00**

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



**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)

<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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE <hr/> Mailing Address 1100 BANNOCK STREET <hr/> City DENVER State CO Zip Code 80204 <hr/> Purpose of Disbursement Contribution Candidate Name SALAZAR FOR SENATE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10973 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) TIM BISHOP FOR CONGRESS <hr/> Mailing Address 129 WOOLEY STREET <hr/> City SOUTHAMPTON State NY Zip Code 11968 <hr/> Purpose of Disbursement contribution Candidate Name TIM BISHOP FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11344 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) A Lot of People Supp Tom Daschle <hr/> Mailing Address 300 N. Dakota Avenue Suite 106 <hr/> City Sioux Falls State SD Zip Code 57104 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10982 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9500.00

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

# 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)  
AMERICANS FOR DEMOCRATIC ACTION INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Tony Knowles for US Senate

Transaction ID: SB23.11128  
Date of Disbursement

Mailing Address P.O. Box 201902

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	4

City Anchorage State AK Zip Code 99520

Amount of Each Disbursement this Period

Purpose of Disbursement

3000.00
---------

Candidate Name

Category/  
Type

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

B.

Full Name (Last, First, Middle Initial)  
WETTERLING, PATTY

Transaction ID: SB23.11310  
Date of Disbursement

Mailing Address PO BOX 251473

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	4

City WOODBURY State MN Zip Code 55125

Amount of Each Disbursement this Period

Purpose of Disbursement  
contribution

1500.00
---------

Candidate Name  
WETTERLING, PATTY

011  
Category/  
Type

Office Sought:  House  Senate  President  
State: MN District: 06 Disbursement For: 2004  Primary  General  Other (specify) ▼

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

4500.00
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TOTAL This Period (last page this line number only) ..... ►

48500.00
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