

**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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF FRANK BARBARO</p> <p>Mailing Address 1806 West 10th St PMB 178</p> <p>City Brooklyn State NY Zip Code 11223</p> <p>Purpose of Disbursement contribution contribution</p> <p>Candidate Name FRIENDS OF FRANK BARBARO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11345 Date of Disbursement 10 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) GALLAGHER FOR CONGRESS</p> <p>Mailing Address 6100 ELTON AVENUE SUITE 1000</p> <p>City LAS VEGAS State NV Zip Code 89107</p> <p>Purpose of Disbursement contribution contribution</p> <p>Candidate Name GALLAGHER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11342 Date of Disbursement 10 / 27 / 2004</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) HOOLEY FOR CONGRESS</p> <p>Mailing Address PO BOX 2050</p> <p>City SALEM State OR Zip Code 97308</p> <p>Purpose of Disbursement contribution contribution</p> <p>Candidate Name HOOLEY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11314 Date of Disbursement 10 / 14 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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