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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Nancy Pelosi for Congress

A.
Full Name (Last, First, Middle Initial)
National Coalition. of Black Women

Mailing Address P.O. Box 23511

City Oakland | State CA | Zip Code 94623

Purpose of Disbursement
Donation

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary General
Other (specify)

Transaction ID: D5368
Date of Disbursement
03 / 15 / 2005

Amount of Each Disbursement this Period
100.00

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

B.
Full Name (Last, First, Middle Initial)
Representative Mike Thompson

Mailing Address 7649 Sunrise Blvd
Ste E

City Citrus Heights | State CA | Zip Code 05610-2360

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary General
Other (specify)

Transaction ID: D5363
Date of Disbursement
03 / 15 / 2005

Amount of Each Disbursement this Period
2000.00

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

C.
Full Name (Last, First, Middle Initial)
Treasure Island Homeless Dev. Initiative

Mailing Address 870 Market St
Ste 314

City San Francisco | State CA | Zip Code 94102-3008

Purpose of Disbursement
Donation

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary General
Other (specify)

Transaction ID: D5350
Date of Disbursement
02 / 22 / 2005

Amount of Each Disbursement this Period
500.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2600.00**

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