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
[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Cantwell 2006

A. Full Name (Last, First, Middle Initial)
Ms. Brina Sanft

Mailing Address 2318 W Newton St

City: Seattle State: WA Zip Code: 98199

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: SB144985-001
Date of Disbursement: 12 / 28 / 2006

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)
Charles Simonyi

Mailing Address 111 84th Ave NE

City: Medina State: WA Zip Code: 98039

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: SB105476-001
Date of Disbursement: 12 / 28 / 2006

Amount of Each Disbursement this Period: 800.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Robert A. Winquist

Mailing Address 2311 5th Ave N

City: Seattle State: WA Zip Code: 98109

Purpose of Disbursement: Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)

Transaction ID: SB101422-001
Date of Disbursement: 12 / 28 / 2006

Amount of Each Disbursement this Period: 400.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1300.00

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

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