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)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
Together for Our Majority Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Julie Hereford

Mailing Address
11311 Winter Cottage PL

City: Las Vegas
State: NV
Zip Code: 89135-

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
10 08 2002

Amount of Each Disbursement this Period
500.00

Transaction ID: 1009200234E576

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**500.00**
TOTAL This Period (last page this line number only) ..... ▶	**500.00**