

**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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
JULIA CARSON FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
ANDRE CARSON FOR CONGRESS

Transaction ID: SB21.4451

Date of Disbursement

Mailing Address One North Capitol Street #211

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

City Indianapolis State IN Zip Code 46204

Amount of Each Disbursement this Period

2000.00
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Purpose of Disbursement  
Contribution

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Category/  
Type

Candidate Name  
ANDRE CARSON

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

Office Sought:  House  
 Senate  
 President  
State: IN District: 07

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

2000.00
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TOTAL This Period (last page this line number only) ..... ►

2000.00
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