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)
Graves for Congress

A. Full Name (Last, First, Middle Initial)
Carrie L. Almond

Transaction ID: 10022D0329E612
Date of Disbursement
08 / 21 / 2003

Mailing Address P.O. Box 255

City: Chillicothe
State: MO
Zip Code: 64601-

Amount of Each Disbursement this Period
2000.00

Purpose of Disbursement
Refund of Contribution Refund excess con

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

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary / X General / Other (specify)

SUBTOTAL of Disbursements This Page (optional) ..... ▶	2000.00
TOTAL This Period (last page this line number only) ..... ▶	2000.00