

**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 checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Citizens for Eleanor Holmes Norton

A. Full Name (Last, First, Middle Initial)
Katherine Jennings

Mailing Address 5704 Ainsley Garth

City Baltimore State MD Zip Code 21212-2447

Purpose of Disbursement
Refund -Original Contribution 8/24/04

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB20A.6828

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	1		1	7		2	0	0	6

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
