

**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)
The Markey Committee

Full Name (Last, First, Middle Initial)
A. Mr. Robert C Wright

Mailing Address 734 Sasco Hill Rd

City Fairfield State CT Zip Code 06824-8345

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

Transaction ID: D92170
Date of Disbursement

06 / 30 / 2004

Amount of Each Disbursement this Period

1000.00

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

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

3500.00