

**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)				PAGE 9 / 16
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Full Name (Last, First, Middle Initial) A. Elizabeth Chace		Transaction ID: SB20A.5782 Date of Disbursement 01 / 15 / 2003	
Mailing Address 67 Oriole Avenue			
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Sr. Malcolm Chace		Transaction ID: SB20A.5783 Date of Disbursement 01 / 15 / 2003	
Mailing Address 67 Oriole Avenue			
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Mr. Howard Cohen		Transaction ID: SB20A.5784 Date of Disbursement 01 / 15 / 2003	
Mailing Address 10405 Sandringham Court			
City Potomac	State MD	Zip Code 20854	Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	