

**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 10 / 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

A. Full Name (Last, First, Middle Initial) Ms. Sophie Danforth		Transaction ID: SB20A.5786 Date of Disbursement 01 / 15 / 2003	
Mailing Address 524 Andrews Avenue			
City Delray beach	State FL	Zip Code 33483	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			

B. Full Name (Last, First, Middle Initial) Mr. Paul Edgerly		Transaction ID: SB20A.5786 Date of Disbursement 01 / 15 / 2003	
Mailing Address 119 Hyslop Road			
City Brookline	State MA	Zip Code 02445	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			

C. Full Name (Last, First, Middle Initial) Ms. Sandra Edgerly		Transaction ID: SB20A.5787 Date of Disbursement 01 / 15 / 2003	
Mailing Address 119 Hyslop Road			
City Brookline	State MA	Zip Code 02445	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			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	▶	