

**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)  
 FRIENDS OF PATRICK J KENNEDY INC

**A.** Full Name (Last, First, Middle Initial)  
 Philip H. Corboy

Mailing Address 33 N. Dearborn St.

City Chicago State IL Zip Code 60602

Purpose of Disbursement  
 Refund of contribution

Candidate Name

Office Sought: House Senate President  
 State: District

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

010  
 Category/  
 Type

Transaction ID: D5836  
 Date of Disbursement  
 06 / 22 / 2004

Amount of Each Disbursement this Period  
 4000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Jill Sackler

Mailing Address 660 Park Ave.

City New York State NY Zip Code 10021

Purpose of Disbursement  
 Refund of contribution

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For:  
 Primary General  
 Other (specify) ▼

010  
 Category/  
 Type

Transaction ID: D5819  
 Date of Disbursement  
 06 / 07 / 2004

Amount of Each Disbursement this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Dirk Ziff

Mailing Address 153 E. 53rd St., 43rd Floor

City New York State NY Zip Code 10022

Purpose of Disbursement  
 Refund of contribution

Candidate Name

Office Sought: House Senate President  
 State: District

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

010  
 Category/  
 Type

Transaction ID: D5865  
 Date of Disbursement  
 06 / 29 / 2004

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) ▶ 6000.00

**TOTAL** This Period (last page this line number only) ▶ 6000.00