

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Committee to Re-Elect Denise Majette

Full Name (Last, First, Middle Initial) A. Georgia Federal Elections Committee		Transaction ID: D1310 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 1100 Spring Street Suite 710		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30309-2829	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jason C. Hegt		Transaction ID: D1358 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59
City Decatur State GA Zip Code 30033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jason C. Hegt		Transaction ID: D1432 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 3
Mailing Address 405 Carlyle Lake Drive		Amount of Each Disbursement this Period 782.59
City Decatur State GA Zip Code 30033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3565.18
TOTAL This Period (last page this line number only) ▶	