

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

Kerry Committee

Full Name (Last, First, Middle Initial)

A. Seth A Greenberg

Mailing Address Mielral
223 Columbus Ave.City
BostonState
MAZip Code
02116

Purpose of Disbursement

Prior Period Void

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D7779

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	4

Amount of Each Disbursement this Period

-1000.00

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

Full Name (Last, First, Middle Initial)

B. Eric N Hamburg

Mailing Address 11808 Dorothy Street #105

City
Los AngelesState
CAZip Code
90048

Purpose of Disbursement

Prior Period Void

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D7788

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	4

Amount of Each Disbursement this Period

-700.00

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

Full Name (Last, First, Middle Initial)

C. Gerald T. Harrington

Mailing Address 209 Blackberry Hill Drive

City
WakefieldState
RIZip Code
02879

Purpose of Disbursement

Prior Period Void

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D7780

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	4

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) ▶

-2700.00

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