

**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. Thomas P. Hogan

Mailing Address 499 Chestnut Hill Drive

City
WakefieldState
RIZip Code
02901Purpose of Disbursement
Prior Period Void

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D7781

Date of Disbursement

12 / 31 / 2004

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. Amos B Hostetter, Jr.

Mailing Address 10 Louisburg Square

City
BostonState
MAZip Code
02108Purpose of Disbursement
Prior Period Void

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D7782

Date of Disbursement

12 / 31 / 2004

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)

C. Albert J Kanab

Mailing Address 140 Orchard Avenue

City
WestonState
MAZip Code
02493Purpose of Disbursement
Prior Period Void

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D7793

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

-500.00

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

SUBTOTAL of Disbursements This Page (optional)

-2500.00

TOTAL This Period (last page this line number only)