

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)

People for Patty Murray

Full Name (Last, First, Middle Initial)

A. Tim Murphy

Mailing Address 4211 W Janice Way

City	State	Zip Code
Spokane	WA	99208

 Purpose of Disbursement
 Refund

Candidate Name

 Category/
 Type

Office Sought:	House	Disbursement For:	2004
	Senate	<input checked="" type="checkbox"/> Primary	General
	President	Other (specify) ▼	

State: District:

Transaction ID: B14381

Date of Disbursement

M	M	D	Y	Y	Y
0	8	1	0	2	0

Amount of Each Disbursement this Period

800.00

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

Full Name (Last, First, Middle Initial)

B. Nicolas Hanauer

Mailing Address The Highlands

City	State	Zip Code
Seattle	WA	98177

 Purpose of Disbursement
 Refund

Candidate Name

 Category/
 Type

Office Sought:	House	Disbursement For:	2004
	Senate	<input checked="" type="checkbox"/> Primary	General
	President	Other (specify) ▼	

State: District:

Transaction ID: B14504

Date of Disbursement

M	M	D	Y	Y	Y
0	8	1	7	2	0

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. Katherine Kovner

Mailing Address 53 Governor St

City	State	Zip Code
Providence	RI	02906

 Purpose of Disbursement
 Refund

Candidate Name

 Category/
 Type

Office Sought:	House	Disbursement For:	2004
	Senate	<input checked="" type="checkbox"/> Primary	General
	President	Other (specify) ▼	

State: District:

Transaction ID: B14519

Date of Disbursement

M	M	D	Y	Y	Y
0	7	0	1	2	0

Amount of Each Disbursement this Period

50.00

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

SUBTOTAL of Disbursements This Page (optional)

1650.00

TOTAL This Period (last page this line number only)