

**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)  
Stabenow for Senate

Full Name (Last, First, Middle Initial) <b>A. Madeleine H Berman</b>		Transaction ID: D6385 Date of Disbursement 12 03 2004	
Mailing Address 30542 Hickory Ln		Amount of Each Disbursement this Period 1000.00	
City Franklin State MI Zip Code 48025-1585	Purpose of Disbursement Contribution Refund	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Swanee Hunt</b>		Transaction ID: D6281 Date of Disbursement 10 13 2004	
Mailing Address 168 Brattle St		Amount of Each Disbursement this Period 2000.00	
City Cambridge State MA Zip Code 02138-3309	Purpose of Disbursement Contribution Refund	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only)	<b>3000.00</b>