

**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 type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Comm		Transaction ID: 1008200335E2215 Date of Disbursement 09 / 25 / 2003	
Mailing Address 499 South Capitol S.W.		Amount of Each Disbursement this Period 2500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		Zip Code 20003-
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00