

**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)				PAGE 17 / 18
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Kalyn Free For Congress

Full Name (Last, First, Middle Initial) A. Oklahoma Democratic Party		Transaction ID: D865 Date of Disbursement 06 / 03 / 2003
Mailing Address 4100 North Lincoln Blvd		Amount of Each Disbursement this Period  135.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oklahoma City	State OK	
Zip Code 73105	001 Category/ Type	
Purpose of Disbursement Contribution	Candidate Name	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	▶	135.00
TOTAL This Period (last page this line number only) .....	▶	975.00