

**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)  
Inslee for Congress

Full Name (Last, First, Middle Initial)  
**A. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Transfer

Candidate Name

Office Sought: House Senate President Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D2884  
Date of Disbursement  
06 / 30 / 2004

Amount of Each Disbursement this Period  
25000.00

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

Full Name (Last, First, Middle Initial)  
**B. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Transfer

Candidate Name

Office Sought: House Senate President Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D2889  
Date of Disbursement  
06 / 30 / 2004

Amount of Each Disbursement this Period  
30000.00

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

Full Name (Last, First, Middle Initial)  
**C. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Transfer

Candidate Name

Office Sought: House Senate President Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District

Category/  
Type

Transaction ID: D2890  
Date of Disbursement  
06 / 30 / 2004

Amount of Each Disbursement this Period  
70000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **125000.00**

**TOTAL** This Period (last page this line number only) ..... ►