

**SCHEDULE B
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 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)
Inslee for Congress

Full Name (Last, First, Middle Initial) A. Julia Carson for Congress		Date of Disbursement 10 / 15 / 2002	
Mailing Address 1 N. Capitol Ave. Suite 211 City: Indianapolis State: IN Zip Code: 46204		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Julia Carson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 07	Transaction ID: B4103		

Full Name (Last, First, Middle Initial) B. Katrina Swett for Congress Committee		Date of Disbursement 10 / 15 / 2002	
Mailing Address PO Box 1937 City: Bow State: NH Zip Code: 03304		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Katrina Swett			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH District: 02	Transaction ID: B4104		

Full Name (Last, First, Middle Initial) C. Tim Ryan for Congress Committee		Date of Disbursement 10 / 15 / 2002	
Mailing Address 438 N. Rhodes Ave. City: Niles State: OH Zip Code: 44448		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Tim Ryan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 17	Transaction ID: B4105		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	