

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)

<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)
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)
Juliana Merton

Mailing Address PO Box 186

City Pottersville State NJ Zip Code 07979-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: 80619.E235
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

700.00

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

B.

Full Name (Last, First, Middle Initial)
Frances Nelson

Mailing Address 60-31st Avenue

City San Mateo State CA Zip Code 94403-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: 80619.E256
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)
Alfred Ogden, II

Mailing Address 711 Third Avenue, #1505

City New York State NY Zip Code 10017-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: 80619.E262
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2200.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

5200.00

TOTAL This Period (last page this line number only) ▶