

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 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)

Frank Kratovil for Congress

A.

Full Name (Last, First, Middle Initial)

Mrs. Anne Kimberly

Mailing Address 26546 Presqu'ile Dr. S

City
Easton

State
MD

Zip Code
21601

Purpose of Disbursement
refund excess contributions

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D323864

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

3950.00