

**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)
Abercrombie for Congress

Full Name (Last, First, Middle Initial)
A. Democracy for America

Mailing Address P. O. Box 8313

City Burlington State VT Zip Code 05402-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Category/
Type

Transaction ID: D807200426E2614
Date of Disbursement

05 / 26 / 2004

Amount of Each Disbursement this Period

400.00

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

Full Name (Last, First, Middle Initial)
B. Democratic Party of Hawaii

Mailing Address 770 Kapiolani Blvd. #111

City Honolulu State HI Zip Code 06813-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Category/
Type

Transaction ID: D807200426E2612
Date of Disbursement

05 / 26 / 2004

Amount of Each Disbursement this Period

600.00

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

Full Name (Last, First, Middle Initial)
C. Democratic Party of Hawaii

Mailing Address 770 Kapiolani Blvd. #111

City Honolulu State HI Zip Code 06813-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Category/
Type

Transaction ID: D807200426E2617
Date of Disbursement

05 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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