

**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 checked="" type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Comm.

Transaction ID: SB18.12250  
Date of Disbursement

Mailing Address 430 S. Capitol Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	7

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

50000.00
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Purpose of Disbursement  
Donation

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

Candidate Name  
Rep. William Lacy Clay, Jr.

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

50000.00
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TOTAL This Period (last page this line number only) ..... ►

50000.00
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