

**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)  
Adler for Congress

A.

Full Name (Last, First, Middle Initial)  
Mrs. Sharon Goldberger

Transaction ID: D356588  
Date of Disbursement

Mailing Address 35 Cameo Dr

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	8

City State Zip Code  
Cherry Hill NJ 08003-5127

Amount of Each Disbursement this Period

-2300.00
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Purpose of Disbursement  
Voided Check  
Candidate Name

010  
Category/  
Type

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

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

B.

Full Name (Last, First, Middle Initial)  
Mrs. Sharon Goldberger

Transaction ID: D356590  
Date of Disbursement

Mailing Address 35 Cameo Dr

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	8

City State Zip Code  
Cherry Hill NJ 08003-5127

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Refund of Excess Contribution  
Candidate Name

010  
Category/  
Type

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

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

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

0.00
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TOTAL This Period (last page this line number only) ..... ►

0.00
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