

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)
 Inslee for Congress

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

Transaction ID: B47B4
 Date of Disbursement
 12 / 31 / 2003

Mailing Address 430 S. Capitol Street

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period
 10000.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Purpose of Disbursement
 Transfer Campaign Funds

Candidate Name

Category/
 Type

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

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	21500.00