CHECKS RETURNED DUE TO INSUFFICIENT FUNDS

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
PAGE OF

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Doe for Congress Committee

A. Full Name (Last, First, Middle Initial)
Light, Jack

Mailing Address
421 Overdraw Street

City: Falls Church State: VA Zip Code: 000000

FEC ID number of contributing federal political committee.
C

Name of Employer: None

Occupation: Graduate Student

Receipt For:
[X] Primary [ ] General
[ ] Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M 03 / D D 01 / Y Y Y Y 2004

Amount of Each Receipt this Period
–300.00

bounced check

[ ] Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)