

NONTRAVEL STAFF ADVANCE MADE AND REIMBURSED IN DIFFERENT REPORTING PERIODS

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 1 OF 1 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Doe for Congress Committee

Full Name (Last, First, Middle Initial)
A. Allen, Lisa

Mailing Address
828 Pine Street

City **McLean** State **VA** Zip Code **00000**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 02 / 2004

MEMO
 Amount of Each Receipt this Period
750.00
In-kind, printing, to be reimbursed.
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)
 See Schedule D

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE OF |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Doe for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Allen, Lisa

Mailing Address
828 Pine Street

City **McLean** State **VA** Zip Code **00000**

Nature of Debt (Purpose):
Print Job - to be reimbursed.

| | | | |
|--|--|------------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Amount Incurred This Period 750.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 750.00 |
|--|--|------------------------------------|--|