

REFUNDED CONTRIBUTIONS

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) <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <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. Very Controversial PAC		Date of Receipt M M / D D / Y Y Y Y Y Y <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2004"/>
Mailing Address 879 Peabody Street		Refunded 3/30 Amount of Each Receipt this Period <input type="text" value="5000.00"/> See Schedule B, Line 20(c) <input type="checkbox"/> Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
City Washington	State DC	
Zip Code 00000		
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		
Name of Employer Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="5000.00"/>

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 type="checkbox"/> 20a <input type="checkbox"/> 20b <input checked="" type="checkbox"/> 20c <input type="checkbox"/> 21
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NAME OF COMMITTEE (In Full) Doe for Congress Committee		
Full Name (Last, First, Middle Initial) A. Very Controversial PAC		Date of Disbursement M M / D D / Y Y Y Y Y Y <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2004"/>
Mailing Address 879 Peabody Street		Amount of Each Disbursement this Period <input type="text" value="5000.00"/> See Schedule A, Line 11(c) <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 000000		
Purpose of Disbursement Refund of 3/19/02 contribution		<input type="text" value="001"/> Category/Type
Candidate Name Jane Doe		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		