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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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)
Nancy Pelosi for Congress

A.
Full Name (Last, First, Middle Initial)
Gallagher for Congress

Mailing Address 6100 Elton Avenue, Suite 100

City: Las Vegas State: NV Zip Code: 89107

Purpose of Disbursement
Contr.

Candidate Name
Tom Gallagher

Office Sought: X House / Senate / President
State: NV District: 03

Disbursement For: 2004
Primary / X General / Other (specify)

Category/Type

Transaction ID: D5897
Date of Disbursement 08 / 12 / 2004

Amount of Each Disbursement this Period
1000.00

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

B.
Full Name (Last, First, Middle Initial)
Greater Geary Boulevard Merchants Association

Mailing Address P.O. Box 210747

City: San Francisco State: CA Zip Code: 94121

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary / X General / Other (specify)

Category/Type

Transaction ID: D5944
Date of Disbursement 09 / 14 / 2004

Amount of Each Disbursement this Period
70.00

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

C.
Full Name (Last, First, Middle Initial)
Human Rights Campaign PAC

Mailing Address 1640 Rhode Island Ave., NW

City: Washington State: DC Zip Code: 20036

Purpose of Disbursement
Non-Federal Human Rights Campaign PAC

Candidate Name

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary / X General / Other (specify)

Category/Type

Transaction ID: D5964
Date of Disbursement 09 / 23 / 2004

Amount of Each Disbursement this Period
25.00

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

(DC-O)

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1095.00**

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