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

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NAME OF COMMITTEE (In Full)
Berkley For Congress

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

Mailing Address c/o Dawn Kern 6100 Elton Avenue Su

City: Las Vegas | State: NV | Zip Code: 89107

Purpose of Disbursement
Contribution to Federal campaign

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: D1322
Date of Disbursement
06 / 23 / 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)
Nevada State Democratic Party

Mailing Address 409 Horn

City: Las Vegas | State: NV | Zip Code: 89107

Purpose of Disbursement
Contribution to State Party

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: D1202
Date of Disbursement
04 / 01 / 2004

Amount of Each Disbursement this Period
25000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
American Express

Mailing Address 65 Broadway Lobby

City: New York | State: NY | Zip Code: 10006

Purpose of Disbursement
American Express payment

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: D1359
Date of Disbursement
04 / 01 / 2004

Amount of Each Disbursement this Period
25000.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **26000.00**

TOTAL This Period (last page this line number only) ..... ▶ **26000.00**