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)
Bob Goodlatte for Congress Committee

A.
Full Name (Last, First, Middle Initial)
Goode For Congress

Mailing Address 235 S. Main Street

City: Rocky Mount
State: VA
Zip Code: 24151-

Purpose of Disbursement: HOUSE-GENERAL

Candidate Name: VIRGILHJR GOODE

Category/Type

Office Sought: X House / Senate / President
State: VA District: 05

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

Transaction ID: D7062D0450E3500
Date of Disbursement: 06 / 21 / 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)
Poe for Congress

Mailing Address P. O. Box 1422

City: Humble
State: TX
Zip Code: 77347-

Purpose of Disbursement: HOUSE-GENERAL

Candidate Name: TED POE

Category/Type

Office Sought: X House / Senate / President
State: TX District: 02

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

Transaction ID: D7062D0450E3505
Date of Disbursement: 06 / 16 / 2004

Amount of Each Disbursement this Period: 1000.00

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

C.
Full Name (Last, First, Middle Initial)
Pete Sessions for Congress

Mailing Address P. O. Box 38585

City: Dallas
State: TX
Zip Code: 75238-

Purpose of Disbursement: HOUSE-GENERAL

Candidate Name: PETEMR. SESSIONS

Category/Type

Office Sought: X House / Senate / President
State: TX District: 32

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

Transaction ID: D7062D0450E3499
Date of Disbursement: 06 / 16 / 2004

Amount of Each Disbursement this Period: 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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