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)
Hoyer for Congress Committee

A.
Full Name (Last, First, Middle Initial)
FULLER FOR CONGRESS

Mailing Address 211 SOUTH LAFAYETTE ST
PO BOX 317

City: LAFAYETTE State: AL Zip Code: 36862

Purpose of Disbursement
2004 AL-H-3-General

Candidate Name
Bill Fuller

Office Sought: X House / Senate / President
State: AL District: 3

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

Category/Type

Transaction ID: D11092
Date of Disbursement
06 / 29 / 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)
GALLAGHER FOR CONGRESS

Mailing Address 6100 ELTON AVENUE SUITE 1000

City: LAS VEGAS State: NV Zip Code: 89107

Purpose of Disbursement
Contribution

Candidate Name
Tom Gallagher

Office Sought: X House / Senate / President
State: NV District: 3

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

Category/Type

Transaction ID: D11364
Date of Disbursement
06 / 22 / 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)
GALLAGHER FOR CONGRESS

Mailing Address 6100 ELTON AVENUE SUITE 1000

City: LAS VEGAS State: NV Zip Code: 89107

Purpose of Disbursement
Contribution

Candidate Name
Tom Gallagher

Office Sought: X House / Senate / President
State: NV District: 3

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

Category/Type

Transaction ID: D11094
Date of Disbursement
06 / 22 / 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) ..... ▶