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)
Woolsey for Congress

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

Mailing Address 6100 Elton Ave. Ste. 1000

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

Purpose of Disbursement: Candidates

Candidate Name: Tom Gallagher

Category/Type

Office Sought: X House / Senate / President

State: NV District: 3

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D1064
Date of Disbursement: 09/29/2004

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)
Tony Miller for Congress

Mailing Address 2813 Newburg Rd.

City: Louisville | State: KY | Zip Code: 40205

Purpose of Disbursement: Candidates

Candidate Name: Tony Miller

Category/Type

Office Sought: X House / Senate / President

State: KY District: 3

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D1065
Date of Disbursement: 09/09/2004

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)
UCSF Foundation/Diabetes Center

Mailing Address PO Box 0248

City: San Francisco | State: CA | Zip Code: 94143

Purpose of Disbursement: Organizations

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D1069
Date of Disbursement: 07/01/2004

Amount of Each Disbursement this Period: 250.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2250.00**

TOTAL This Period (last page this line number only) ..... ▶ **30865.18**