

**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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

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

Mailing Address Post Office Box 361

City Greenville State SC Zip Code 29602-

Purpose of Disbursement  
Primary USHouse SC4

Candidate Name  
ROBERTD INGLIS

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: SC District: D4

011  
Category/  
Type

Transaction ID: 1202200336E4573  
Date of Disbursement

10 / 28 / 2003

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)  
B. Jefferson Co. Rep Party

Mailing Address 600 Vestavia Pkwy  
Suite 220

City Birmingham State AL Zip Code 35216-

Purpose of Disbursement  
contribution

Candidate Name

Office Sought: House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: District

012  
Category/  
Type

Transaction ID: D108200435E4675  
Date of Disbursement

11 / 24 / 2003

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)  
C. Jimmie Hale Mission

Mailing Address Post Office Box 10472

City Birmingham State AL Zip Code 35202-

Purpose of Disbursement  
contribution

Candidate Name

Office Sought: House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: District

012  
Category/  
Type

Transaction ID: D108200435E4669  
Date of Disbursement

11 / 20 / 2003

Amount of Each Disbursement this Period

100.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

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