

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)
 Friends of Bennie Thompson

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

Mailing Address 4300 E Sunset Road, Suite E-1

City Henderson State NV Zip Code 89014-

Purpose of Disbursement
 CAMPAIGN CONTRIBUTION

Candidate Name
 TOM GALLAGHER

Office Sought: House
 Senate
 President
 State: NV District: D3

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: 1018200414E4012
 Date of Disbursement

10 / 14 / 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) ▶

1000.00

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

34100.00