

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)
 Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial)
A. Armendariz-Klein for Congress

Mailing Address 1203 Wilshire Blvd.

City Austin State TX Zip Code 78722-

Purpose of Disbursement
 HOUSE-GENERAL

Candidate Name
 REBECCA ARMENDARIZKLEIN

Office Sought: House
 Senate
 President

State: TX District: 28

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: D708200450E35D7
 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

Full Name (Last, First, Middle Initial)
B. Bonner for Congress

Mailing Address 6910 Providence Estates Drive

City Mobile State AL Zip Code 36605-

Purpose of Disbursement
 HOUSE-GENERAL

Candidate Name
 JOSIAHROBINSJR. BONNER

Office Sought: House
 Senate
 President

State: AL District: 01

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: D708200450E3510
 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

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

Mailing Address P. O. Box 8080

City Tyler State TX Zip Code 75711-

Purpose of Disbursement
 HOUSE-GENERAL

Candidate Name
 LOUIS GOHMERT

Office Sought: House
 Senate
 President

State: TX District: 01

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: D708200450E3504
 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) ▶