SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
PROVINCE HEALTHCARE COMPANY GOVERNMENT AFFAIRS COMMITTEE

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

Mailing Address 235 South Main Street

City: Rocky Mount
State: VA
Zip Code: 24151

Purpose of Disbursement
campaign

Candidate Name
GOODE FOR CONGRESS

Category/Type

Office Sought: X House / Senate / President
State: VA District: 05

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

Transaction ID: SB23.6311
Date of Disbursement
04 / 12 / 2004

Amount of Each Disbursement this Period
1000.00

B.
Full Name (Last, First, Middle Initial)
RELY ON YOUR BELIEFS POLITICAL ACTION COMMITTEE

Mailing Address 209 Pennsylvania Avenue SE

City: Washington
State: DC
Zip Code: 20003

Purpose of Disbursement
PAC to PAC

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.6318
Date of Disbursement
05 / 03 / 2004

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	3000.00
TOTAL This Period (last page this line number only) ..... ▶	11500.00