

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)				PAGE 45 / 47
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Comm		Transaction ID: D7152D0322E15720 Date of Disbursement 06 / 23 / 2003
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 20000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20003-	Category/ Type	
Purpose of Disbursement DONATION OF EXCESS CAMPAIGN FUNDS	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Tennessee Democratic Party		Transaction ID: D7082D0357E15707 Date of Disbursement 06 / 27 / 2003
Mailing Address 223 8th Avenue, North, Suite 200		Amount of Each Disbursement this Period 1500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Nashville	State TN	
Zip Code 37203-	Category/ Type	
Purpose of Disbursement DONATION OF EXCESS CAMPAIGN FUNDS	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Darlene Hooley For Congress		Transaction ID: D7082D0357E15688 Date of Disbursement 05 / 21 / 2003
Mailing Address P.O. Box 2050		Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salem	State OR	
Zip Code 97308-	Category/ Type	
Purpose of Disbursement DONATION	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	22000.00
TOTAL This Period (last page this line number only)	▶	