

**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 106 / 124

<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)  
MEL WATT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Cynthia Mckinney For Congress

Mailing Address P O box 371125

City Decatur State GA Zip Code 30037

Purpose of Disbursement  
Contribution US HOUSE GA 4

Candidate Name

Office Sought: House Senate President  
State: District

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

012  
Category/  
Type

Transaction ID: D912  
Date of Disbursement  
07 / 01 / 2004

Amount of Each Disbursement this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
DAN BLUE FOR SENATE

Mailing Address 205 FAYETTEVILLE STREET MALL

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

012  
Category/  
Type

Transaction ID: D922  
Date of Disbursement  
07 / 01 / 2004

Amount of Each Disbursement this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
DAVID HOYLE FOR NC SENATE DISTRICT 43

Mailing Address P O BOX 2994

City Gastonia State NC Zip Code 28053

Purpose of Disbursement  
CONTRIBUTION NC HOUSE 43

Candidate Name

Office Sought: House Senate President  
State: District

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

012  
Category/  
Type

Transaction ID: D1018  
Date of Disbursement  
09 / 01 / 2004

Amount of Each Disbursement this Period  
500.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2500.00**

**TOTAL** This Period (last page this line number only) ..... ►