

**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 81 / 83
	<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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) A. Jim Gerlach for Cong		Transaction ID: D415200312E2653 Date of Disbursement 03 / 20 / 2003	
Mailing Address 911 Welsh Ayres Way			
City Downingtown	State PA	Zip Code 19335-	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement HOUSE PRIMARY		Category/ Type	
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. Jon Porter for Congr		Transaction ID: D415200312E2656 Date of Disbursement 03 / 20 / 2003	
Mailing Address P.O. Box 26087			
City Las Vegas	State NV	Zip Code 89126-	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement HOUSE PRIMARY		Category/ Type	
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. Max Burns for Congre		Transaction ID: D415200312E2652 Date of Disbursement 03 / 20 / 2003	
Mailing Address 121 North Main Street Suite 2			
City Sylvania	State GA	Zip Code 30467-	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement HOUSE PRIMARY		Category/ Type	
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) .....	▶	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	▶	