

**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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 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
John Kennedy for U.S. Senate, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Miller</p> <p>Mailing Address 527 North Acadian Thruway</p> <p>City Baton Rouge State LA Zip Code 70896</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼</p>	<p><b>Transaction ID</b> B20A.18314 <b>Date of Disbursement</b> 08 / 04 / 2008</p> <p><b>Amount of Each Disbursement this Period</b> 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Betty Noe</p> <p>Mailing Address 7301 Hampson Street Apt. 1 Apt. 1</p> <p>City New Orleans State LA Zip Code 70118</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼</p>	<p><b>Transaction ID</b> B20A.18295 <b>Date of Disbursement</b> 08 / 04 / 2008</p> <p><b>Amount of Each Disbursement this Period</b> 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ray P. Oden, Jr.</p> <p>Mailing Address 702 Thora Blvd</p> <p>City Shreveport State LA Zip Code 71106</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼</p>	<p><b>Transaction ID</b> B20A.18320 <b>Date of Disbursement</b> 08 / 04 / 2008</p> <p><b>Amount of Each Disbursement this Period</b> 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... <b>3650.00</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... <b>3650.00</b></p>	