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

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NAME OF COMMITTEE (In Full)
SOUTHERN COMPANY EMPLOYEES PAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF CONRAD BURNS

Mailing Address
ATTN: BARBARA W. BONFIGLIO P.O. BOX 1532

City	State	Zip Code
BILLINGS	MT	59103

Purpose of Disbursement

Candidate Name
CONRAD BURNS

24K
Category/ Type

Office Sought: House / X Senate / President
State: MT District:

Disbursement For: 2006
X Primary / General / Other (specify)

Date of Disbursement
03 28 2003

Amount of Each Disbursement this Period
1000.00

Transaction ID: B000531S000001L23

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**28000.00**