

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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<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)
 Friends of Bobby Jindal, Inc

Full Name (Last, First, Middle Initial)
A. Friends of Connie Mack

Mailing Address 5700 S. Cleveland Avenue, Ste. 318

City Fort Myers State FL Zip Code 33907-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 State: District

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

Category/
 Type

Transaction ID: D93020041E743
 Date of Disbursement
 09 / 03 / 2004

Amount of Each Disbursement this Period
 2000.00

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

Full Name (Last, First, Middle Initial)
B. Louie Gohmert for Congress

Mailing Address 616 Shelley Drive

City Tylor State TX Zip Code 75701-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 LOUISB.MR.JR. GOHMERT

Office Sought: x House Senate President
 State: TX District D1

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

Category/
 Type

Transaction ID: D93020041E845
 Date of Disbursement
 09 / 30 / 2004

Amount of Each Disbursement this Period
 1000.00

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

Full Name (Last, First, Middle Initial)
C. Kris Kobach for Congress

Mailing Address P.O. Box 12224

City Olathe State KS Zip Code 66062-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 KRIS KOBACH

Office Sought: x House Senate President
 State: KS District 03

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

Category/
 Type

Transaction ID: 093020041E843
 Date of Disbursement
 09 / 30 / 2004

Amount of Each Disbursement this Period
 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

TOTAL This Period (last page this line number only) ▶