

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. Ted Poe for Congress

Mailing Address 23852 US Highway 59 North

City Humble State TX Zip Code 77339-

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: D93020041E792
Date of Disbursement
09 / 21 / 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)
B. Price For Congress

Mailing Address 1970 Roswell Rd

City Marietta State GA Zip Code 30062-

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: D93020041E804
Date of Disbursement
09 / 21 / 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)
C. Pete Sessions for Congress

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PETEMR. SESSIONS

Office Sought: House Senate President
State: TX District 32

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

Category/
Type

Transaction ID: 1001200438E850
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) ▶