# SCHEDULE B (FEC Form 3 )
# ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| 17 | 18 | 19a | 19b |
|---|---|---|---|
| 20a | 20b | 20c | X 21 |

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NAME OF COMMITTEE (In Full)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

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**A.** Full Name (Last, First, Middle Initial)
BILBRAY FOR CONGRESS

Mailing Address  3473 CACTUS VALLEY
PO BOX 29391

| City | State | Zip Code |
|---|---|---|
| LAUGHLIN | NV | 89028 |

Purpose of Disbursement
Donation

Category/Type: 012

Candidate Name
BILBRAY FOR CONGRESS

Office Sought: [X] House
[ ] Senate
[ ] President

Disbursement For: 2006
[X] Primary  [ ] General
[ ] Other (specify) ▼

State: NV    District: 03

**Transaction ID:** SB21.4172
Date of Disbursement
M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 6

Amount of Each Disbursement this Period
1000.00

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

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**B.** Full Name (Last, First, Middle Initial)
Jim Donelon Campaign Fund

Mailing Address  P.O. Box 3516

| City | State | Zip Code |
|---|---|---|
| Baton Rouge | LA | 70821 |

Purpose of Disbursement
Donation

Category/Type: 012

Candidate Name

Office Sought: [ ] House
[ ] Senate
[ ] President

Disbursement For: 2006
[X] Primary  [ ] General
[ ] Other (specify) ▼

State:    District:

**Transaction ID:** SB21.4176
Date of Disbursement
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Amount of Each Disbursement this Period
2000.00

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

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**C.** Full Name (Last, First, Middle Initial)
MARY BONO COMMITTEE

Mailing Address  P.O. Box 3370

| City | State | Zip Code |
|---|---|---|
| Palm Springs | CA | 92263 |

Purpose of Disbursement
Donation

Category/Type: 012

Candidate Name
MARY BONO COMMITTEE

Office Sought: [X] House
[ ] Senate
[ ] President

Disbursement For: 2006
[X] Primary  [ ] General
[ ] Other (specify) ▼

State: CA    District: 45

**Transaction ID:** SB21.4170
Date of Disbursement
M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 6

Amount of Each Disbursement this Period
1000.00

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

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SUBTOTAL of Disbursements This Page (optional) ......................................................... ▶   4000.00

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

FEC **Schedule B (Form 3 )** Rev. 02/2003