

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

The Billy Tauzin Congressional Committee

ADDRESS (number and street)

P.O. Box 2266

Check if different than previously reported. (ACC)

Houma

LA

70361

2. **FEC IDENTIFICATION NUMBER**

C00118040

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT **NEW (N)** OR **X AMENDED (A)**

LA 03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 11 26 2002 through 12 31 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Wm. Clifford Smith

Signature of Treasurer Electronically Filed by Wm. Clifford Smith Date 06 03 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

**Write or Type Committee Name**

The Billy Tauzin Congressional Committee

Report Covering the Period: From: M M D D Y Y Y Y To: V M D D Y Y Y Y  
1 1 2 8 2 0 0 2 1 2 3 1 2 0 0 2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	7450.00	7450.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7450.00	7450.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	55985.43	119817.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	4.00	4.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55981.43	119813.75
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1019938.21	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

The Billy Tauzin Congressional Committee

Report Covering the Period: From: M M D J Y Y Y Y  
1 1 2 6 2 0 0 2

To: V V U J Y Y Y Y  
1 2 3 1 2 0 0 2

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55985.43	119817.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	3700.00	3700.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	59685.43	123517.75

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1068644.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....	10979.13
25. SUBTOTAL (add Line 23 and Line 24).....	1079623.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59685.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1019938.21

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. S. Daniel Meeks</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address 100 Random Oaks Lane		Transaction ID: 1205200243C6406
City Mandeville	State LA	Zip Code 70448-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. William Nungesser</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address 155 Colony Road		Transaction ID: 1205200243C6410
City Belle Chasse	State LA	Zip Code 70037-2361
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer General Marine Leasing	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Lowell W. Paxson</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address 780 So. Ocean Boulevard		Transaction ID: 1205200243C640B
City Palm Beach	State FL	Zip Code 33480-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Paxson Communications Cor- p.	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 24

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Maria Paxon</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address 780 S. Ocean Boulevard		Transaction ID: 1205200243C6409
City Palm Beach	State FL	Zip Code 33480-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. A.J. Ward, Jr.</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address P.O. Box 697		Transaction ID: 1205200243C6412
City Harvey	State LA	Zip Code 70059-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Homebuilder	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. A.J. Ward, Jr.</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address P.O. Box 697		Transaction ID: 1205200243C6411
City Harvey	State LA	Zip Code 70059-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Homebuilder	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 24	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Renee Meeks</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address 100 Random Oaks Lane		Transaction ID: 1205200243C6407
City Mandeville	State LA	Zip Code 70448-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. 615 Bourbon Street, LLC</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address 3233 Lake Trail Drive		Transaction ID: 1205200243C6413
City Metairie	State LA	Zip Code 70003-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Ray B. Gonzalez</b>		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address 3233 Lake Trail Drive		Transaction ID: 1205200243C6414
City Metairie	State LA	Zip Code 70003-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer 615 Bourbon Street, LLC	Occupation Partner	Memo Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) <b>[MEMO ITEM]</b> Partnership Attribution
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
 The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Robert M. Mills		Date of Receipt M / D / Y 12 / 04 / 2002
Mailing Address P.O. Box 5745		Transaction ID: 1205200243C6415
City Shreveport	State LA	Zip Code 71135-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  1000.00
Name of Employer Calumet Lubricants Co.	Occupation Vice President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼  1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	7450.00



**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 24	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Hibernia Bank</b>		Date of Receipt M / D / Y 12 / 31 / 2002
Mailing Address P.O. Box 819		Transaction ID: 0116200315C6417
City Thibodaux	State LA	Zip Code 70302-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1495.43
Name of Employer	Occupation	Other Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1495.43	

Full Name (Last, First, Middle Initial) <b>B. Coastal Commerce Bank</b>		Date of Receipt M / D / Y 12 / 31 / 2002
Mailing Address P.O. Drawer 4177		Transaction ID: 0116200315C6418
City Houma	State LA	Zip Code 70361-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 800.73
Name of Employer	Occupation	Other Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.73	

Full Name (Last, First, Middle Initial) <b>C. Regions Bank</b>		Date of Receipt M / D / Y 12 / 31 / 2002
Mailing Address 107 Canal Boulevard		Transaction ID: 0116200315C6419
City Thibodaux	State LA	Zip Code 70301-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1228.97
Name of Employer Information Requested	Occupation Information Requested	Other Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1228.97	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3525.13</b>
TOTAL This Period (last page this line number only) .....	▶	<b>3525.13</b>

**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)				PAGE 10 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Transaction ID: D116200315E3650 Date of Disbursement 11 / 26 / 2002	
Mailing Address P.O. Box 5270			
City Carol Stream	State IL	Zip Code 60197-	Amount of Each Disbursement this Period  616.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SEE BELOW:		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		SEE BELOW:
State: District			

Full Name (Last, First, Middle Initial) <b>B. Trudy Clement</b>		Transaction ID: D116200315E3676 Date of Disbursement 12 / 17 / 2002	
Mailing Address 701 Bayou Lane			
City Thibodaux	State LA	Zip Code 70301-	Amount of Each Disbursement this Period  2500.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SALARY FOR CAMPAIGN WORK		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		SALARY FOR CAMPAIGN WORK
State: District			

Full Name (Last, First, Middle Initial) <b>C. Mimi Kneuer</b>		Transaction ID: D116200315E3678 Date of Disbursement 12 / 30 / 2002	
Mailing Address 1419 Foxhall Road, NW			
City Washington	State DC	Zip Code 20007-	Amount of Each Disbursement this Period  10000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SALARY FOR CAMPAIGN WORK		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		SALARY FOR CAMPAIGN WORK
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13116.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)				PAGE 11 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Hibernia Bank		Transaction ID: D116200315E3656 Date of Disbursement 12 / 10 / 2002	
Mailing Address P.O. Box 619			
City Thibodaux	State LA	Zip Code 70302-	Amount of Each Disbursement this Period  791.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL TAXES
Purpose of Disbursement PAYROLL TAXES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GMAC		Transaction ID: D116200315E3670 Date of Disbursement 12 / 14 / 2002	
Mailing Address P.O. Box 51014			
City Carol Stream	State IL	Zip Code 60125-	Amount of Each Disbursement this Period  1132.75 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  LEASE OF CAMPAIGN VEHICLE
Purpose of Disbursement LEASE OF CAMPAIGN VEHICLE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Byron Patterson		Transaction ID: D116200315E3677 Date of Disbursement 12 / 23 / 2002	
Mailing Address 7737 - 16th Street, NW			
City Washington	State DC	Zip Code 20012-	Amount of Each Disbursement this Period  385.88 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT FOR TRAVEL
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>2309.63</b>
TOTAL This Period (last page this line number only) .....	▶	

**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)				PAGE 12 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Epiphany Productions		Transaction ID: D116200315E3652 Date of Disbursement 12 / 06 / 2002	
Mailing Address 104 Hume Avenue			
City Alexandria	State VA	Zip Code 22301-	Amount of Each Disbursement this Period  618.55 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SEE BELOW: REIMBURSEMENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		SEE BELOW: REIMBURSEMENT
State: District			

Full Name (Last, First, Middle Initial) B. Postmaster - VA		Transaction ID: D116200315E3691 Date of Disbursement 12 / 06 / 2002	
Mailing Address Potomac Station			
City Alexandria	State VA	Zip Code 22301-	Amount of Each Disbursement this Period  186.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: POSTAGE
State: District			

Full Name (Last, First, Middle Initial) C. Epiphany Productions		Transaction ID: D116200315E3651 Date of Disbursement 12 / 06 / 2002	
Mailing Address 104 Hume Avenue			
City Alexandria	State VA	Zip Code 22301-	Amount of Each Disbursement this Period  10000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FUNDRAISING CONSULTANT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		FUNDRAISING CONSULTANT
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>10618.55</b>
TOTAL This Period (last page this line number only) .....	▶	

**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)				PAGE 13 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Bellsouth</b>		Transaction ID: D116200315E3679 Date of Disbursement 12 / 30 / 2002	
Mailing Address 1133 - 21st Street, NW Suite 900			
City Washington	State DC	Zip Code 20036-	Amount of Each Disbursement this Period  593.30  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		REIMBURSEMENT FOR TRAVEL
State: District			

Full Name (Last, First, Middle Initial) <b>B. Hibernia Bank</b>		Transaction ID: D116200315E3680 Date of Disbursement 12 / 31 / 2002	
Mailing Address P.O. Box 819			
City Thibodaux	State LA	Zip Code 70302-	Amount of Each Disbursement this Period  14.50  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SERVICE CHARGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		SERVICE CHARGE
State: District			

Full Name (Last, First, Middle Initial) <b>C. Ken Johnson</b>		Transaction ID: D116200315E3653 Date of Disbursement 12 / 03 / 2002	
Mailing Address 48 Wild Turkey Drive			
City Stafford	State VA	Zip Code 22554-	Amount of Each Disbursement this Period  5000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SALARY FOR CAMPAING WORK		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		SALARY FOR CAMPAING WORK
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5607.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)				PAGE 14 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Bank One</b>		Transaction ID: D116200315E3683 Date of Disbursement 12 / 16 / 2002	
Mailing Address P.O. Box 60640		Amount of Each Disbursement this Period  3169.29 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SEE BELOW:	
City New Orleans	State LA		Zip Code 70160-
Purpose of Disbursement SEE BELOW:			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. Cingular</b>		Transaction ID: D116200315E3685 Date of Disbursement 12 / 16 / 2002	
Mailing Address P.O. Box 530016		Amount of Each Disbursement this Period  332.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] MEMO: PHONE REPAIR	
City Atlanta	State GA		Zip Code 30353-
Purpose of Disbursement PHONE REPAIR			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		Transaction ID: D116200315E3684 Date of Disbursement 12 / 16 / 2002	
Mailing Address 1643 Martin Luther King Jr. Blvd.		Amount of Each Disbursement this Period  90.88 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] MEMO: OFFICE SUPPLIES	
City Houma	State LA		Zip Code 70360-
Purpose of Disbursement OFFICE SUPPLIES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3169.29</b>
TOTAL This Period (last page this line number only) .....	▶	

**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)				PAGE 15 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
 The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Postmaster		Transaction ID: D116200315E3686	
Mailing Address Canal Boulevard		Date of Disbursement 12 / 16 / 2002	
City Thibodaux	State LA	Zip Code 70301-	Amount of Each Disbursement this Period  82.70  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: D116200315E3685	
Mailing Address Canal Boulevard		Date of Disbursement 12 / 16 / 2002	
City Thibodaux	State LA	Zip Code 70301-	Amount of Each Disbursement this Period  111.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. The Perfect Gift		Transaction ID: D116200315E3687	
Mailing Address Mount Vernon Square		Date of Disbursement 12 / 16 / 2002	
City Washington	State DC	Zip Code 20009-	Amount of Each Disbursement this Period  637.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EXPENSE FOR POLITICAL EXPENSE
Purpose of Disbursement EXPENSE FOR POLITICAL EXPENSE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	0.00
TOTAL This Period (last page this line number only) .....	▶	

**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)				PAGE 16 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Windsor Court		Transaction ID: D116200315E3683 Date of Disbursement 12 / 16 / 2002	
Mailing Address Canal Street			
City New Orleans	State LA	Zip Code 70130-	Amount of Each Disbursement this Period 855.21
Purpose of Disbursement EXPENSE FOR TRAVEL		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: EXPENSE FOR TRAVEL
State: District			

Full Name (Last, First, Middle Initial) B. Windsor Court		Transaction ID: D116200315E3682 Date of Disbursement 12 / 16 / 2002	
Mailing Address Canal Street			
City New Orleans	State LA	Zip Code 70130-	Amount of Each Disbursement this Period 306.50
Purpose of Disbursement EXPENSE FOR TRAVEL		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: EXPENSE FOR TRAVEL
State: District			

Full Name (Last, First, Middle Initial) C. Cingular		Transaction ID: D116200315E3687 Date of Disbursement 12 / 21 / 2002	
Mailing Address P.O. Box 530016			
City Atlanta	State GA	Zip Code 30353-	Amount of Each Disbursement this Period 236.10
Purpose of Disbursement CELLULAR PHONE		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		CELLULAR PHONE
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	236.10
TOTAL This Period (last page this line number only) .....	▶	



**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)				PAGE 17 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Epiphany Productions		Transaction ID: D116200315E3657 Date of Disbursement 12 / 10 / 2002	
Mailing Address 104 Hume Avenue			
City Alexandria	State VA	Zip Code 22301-	Amount of Each Disbursement this Period  10000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTANT
Purpose of Disbursement FUNDRAISING CONSULTANT		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Trudy Clement		Transaction ID: D116200315E3655 Date of Disbursement 12 / 06 / 2002	
Mailing Address 701 Bayou Lane			
City Thibodaux	State LA	Zip Code 70301-	Amount of Each Disbursement this Period  1184.30  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY FOR CAMPAING WORK
Purpose of Disbursement SALARY FOR CAMPAING WORK		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Congressional Club		Transaction ID: D116200315E3649 Date of Disbursement 11 / 26 / 2002	
Mailing Address 2001 New Hampshire Ave., NW			
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period  2000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  DUES
Purpose of Disbursement DUES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>13184.30</b>
TOTAL This Period (last page this line number only) .....	▶	

**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)				PAGE 18 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Entergy		Transaction ID: D116200315E3671 Date of Disbursement 12 / 31 / 2002	
Mailing Address P.O. Box 64001			
City New Orleans	State LA	Zip Code 70164-	Amount of Each Disbursement this Period  186.07  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES FOR CAMPAIGN OFFICE
Purpose of Disbursement UTILITIES FOR CAMPAIGN OFFICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. L.F. Gaubert		Transaction ID: D116200315E3654 Date of Disbursement 12 / 02 / 2002	
Mailing Address c/o Holiday Inn 400 East First			
City Thibodaux	State LA	Zip Code 70301-	Amount of Each Disbursement this Period  450.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT FOR CAMPAIGN OFFICE
Purpose of Disbursement RENT FOR CAMPAIGN OFFICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Palmetto Group		Transaction ID: D116200315E3675 Date of Disbursement 12 / 20 / 2002	
Mailing Address B01 Pennsylvania Ave., NW Suite 730			
City Washington	State DC	Zip Code 20004-	Amount of Each Disbursement this Period  4057.18  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  EXPENSE FOR FUNDRAISER
Purpose of Disbursement EXPENSE FOR FUNDRAISER		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>4693.26</b>
TOTAL This Period (last page this line number only) .....	▶	

**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)				PAGE 19 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

A. Epiphany Productions		Transaction ID: D116200315E3658	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 104 Hume Avenue		12 / 10 / 2002	
City Alexandria	State VA	Zip Code 22301-	Amount of Each Disbursement this Period  648.10  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SEE BELOW: REIMBURSEMENT
Purpose of Disbursement SEE BELOW: REIMBURSEMENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

B. Federal Express		Transaction ID: D116200315E3689	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address P.O. Box 1140 Department A		12 / 10 / 2002	
City Memphis	State TN	Zip Code 38101-	Amount of Each Disbursement this Period  47.40  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] MEMO: MAILING
Purpose of Disbursement MAILING		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

C. Notables		Transaction ID: D116200315E3690	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 1707 Psage Street Suite 400		12 / 10 / 2002	
City Alexandria	State VA	Zip Code 22302-	Amount of Each Disbursement this Period  396.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] MEMO: EXPENSE FOR POLITICAL EVENT
Purpose of Disbursement EXPENSE FOR POLITICAL EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	648.10
TOTAL This Period (last page this line number only) .....	▶	

**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)				PAGE 20 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Hibernia Bank		Transaction ID: D116200315E3692 Date of Disbursement 12 / 06 / 2002	
Mailing Address P.O. Box 619			
City Thibodaux	State LA	Zip Code 70302-	Amount of Each Disbursement this Period  280.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SERVICE CHARGES
Purpose of Disbursement SERVICE CHARGES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Trudy Clement		Transaction ID: D116200315E3672 Date of Disbursement 12 / 13 / 2002	
Mailing Address 701 Bayou Lane			
City Thibodaux	State LA	Zip Code 70301-	Amount of Each Disbursement this Period  283.93 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT FOR TRAVEL
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Martin Cancienne		Transaction ID: D116200315E3664 Date of Disbursement 12 / 04 / 2002	
Mailing Address P.O. Box 36			
City Belle Rose	State LA	Zip Code 70341-	Amount of Each Disbursement this Period  14.48 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT FOR POSTAGE
Purpose of Disbursement REIMBURSEMENT FOR POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	578.41
TOTAL This Period (last page this line number only) .....	▶	

**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 checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Entergy		Transaction ID: D1162D0315E3646 Date of Disbursement 11 / 27 / 2002	
Mailing Address P.O. Box 64001			
City New Orleans	State LA	Zip Code 70164-	Amount of Each Disbursement this Period  141.67  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement UTILITIES FOR CAMPAIGN OFFICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		UTILITIES FOR CAMPAIGN OF- FICE

Full Name (Last, First, Middle Initial) B. Trudy Clement		Transaction ID: D1162D0315E3674 Date of Disbursement 12 / 20 / 2002	
Mailing Address 701 Bayou Lane			
City Thibodaux	State LA	Zip Code 70301-	Amount of Each Disbursement this Period  1184.30  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SALARY FOR CAMPAIGN WORK		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		SALARY FOR CAMPAIGN WORK

SUBTOTAL of Disbursements This Page (optional) .....	▶	1325.97
TOTAL This Period (last page this line number only) .....	▶	55487.41

**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)				PAGE 22 / 24
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. Chackbay Fire Department		Transaction ID: D116200315E3668 Date of Disbursement 12 / 09 / 2002	
Mailing Address P.O. Box 174			
City Thibodaux	State LA	Zip Code 70302-	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Childrens Inn at the NIH		Transaction ID: D116200315E3673 Date of Disbursement 12 / 19 / 2002	
Mailing Address 7 West Drive			
City Bethesda	State MD	Zip Code 20814-1500	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. National Republican		Transaction ID: D116200315E3669 Date of Disbursement 12 / 11 / 2002	
Mailing Address Congressional Committee 320 First Street, SE			
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period  700.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>2700.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**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)  
 The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial) A. US Capitol Historical Society		Transaction ID: D1162D0315E3648 Date of Disbursement 11 / 26 / 2002
Mailing Address 200 Maryland Ave. NE		Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20002-		
Purpose of Disbursement DONATION		
Candidate Name		Category/ Type
Office Sought:	House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼
State:	District	

SUBTOTAL of Disbursements This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	3700.00

