

**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 / 14
	<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)
John Breaux Committee

Full Name (Last, First, Middle Initial) A. HAROLD FORD JR FOR TENNESSEE		Transaction ID: SB21.10564
Mailing Address 5120 Barry Road SUITE 1300		Date of Disbursement 06 / 27 / 2008
City Memphis	State TN	Zip Code 38117
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: TN	District: 00	

Full Name (Last, First, Middle Initial) B. HAROLD FORD JR FOR TENNESSEE		Transaction ID: SB21.10568
Mailing Address 5120 Barry Road SUITE 1300		Date of Disbursement 06 / 28 / 2008
City Memphis	State TN	Zip Code 38117
Purpose of Disbursement		Amount of Each Disbursement this Period 1100.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: TN	District: 00	

Full Name (Last, First, Middle Initial) C. HAROLD FORD JR FOR TENNESSEE		Transaction ID: SB21.10569
Mailing Address 5120 Barry Road SUITE 1300		Date of Disbursement 06 / 28 / 2008
City Memphis	State TN	Zip Code 38117
Purpose of Disbursement		Amount of Each Disbursement this Period 1900.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: TN	District: 00	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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