

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE NATIONAL COMMITTEE

A. OBERWEIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address: **335 NORTH RIVER STREET, SUITE 203**

City: **BATAVIA** State: **IL** Zip Code: **60510**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type: **011**

Candidate Name: **JIM OBERWEIS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **SPECIAL**

State: **IL** District: **14**

Date of Disbursement: **03 / 05 / 2008**

Amount of Each Disbursement this Period: **200-**

B. WOODY JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address: **888 TARA BLVD SUITE H**

City: **BATON ROUGE** State: **LA** Zip Code: **70806**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type: **011**

Candidate Name: **WOODY JENKINS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **SPECIAL**

State: **LA** District: **6**

Date of Disbursement: **03 / 07 / 2008**

Amount of Each Disbursement this Period: **500-**

C. SCAUSE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address: **3100 RIDGE LAKE SUITE 309**

City: **METairie** State: **LA** Zip Code: **70002**

Purpose of Disbursement: **POLITICAL CONTRIBUTION** Category/Type: **011**

Candidate Name: **STEVE SCAUSE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **SPECIAL**

State: **LA** District: **1**

Date of Disbursement: **03 / 07 / 2008**

Amount of Each Disbursement this Period: **250-**

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

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

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