

**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 / 16		
	<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. Committee for Chris Dalgle	Transaction ID: SB21.1032B Date of Disbursement 02 / 01 / 2005
Mailing Address 122 Esplanade Avenue City New Orleans State LA Zip Code 70116	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution 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 type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) B. Congressional Charity Tennis Tournament	Transaction ID: SB21.10330 Date of Disbursement 02 / 25 / 2005
Mailing Address 325 7th Street NW Suite 1200 City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution 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 type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) C. DSCC-Federal	Transaction ID: SB21.10332 Date of Disbursement 02 / 25 / 2005
Mailing Address 430 S. Capitol Street NE City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Excess Campaign Funds 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 type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	106000.00
TOTAL This Period (last page this line number only)	