

**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)  
Friends of Bobby Jindal

Full Name (Last, First, Middle Initial) <b>A. Republican Party of LA</b>		Transaction ID: E1080 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 11440 North Lake Sherwood, Ste. A		Amount of Each Disbursement this Period  10000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baton Rouge State LA Zip Code 70816-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2004 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tauzin for Congress</b>		Transaction ID: E1476 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 4
Mailing Address P.O. Box 647		Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Thibodaux State LA Zip Code 70302-	Category/ Type	
Purpose of Disbursement		
Candidate Name WILBERTJIII TAUZIN		
Office Sought: X House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA District: 03	Disbursement For: 2004 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Stan Thompson for Congress</b>		Transaction ID: E1134 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address P.O. Box 93932		Amount of Each Disbursement this Period  500.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50393-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name STANLEYJ THOMPSON		
Office Sought: X House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: IA District: 03	Disbursement For: 2004 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>19500.00</b>