

**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 90 / 91
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
John Breaux Committee

Full Name (Last, First, Middle Initial) A. ALASKA DEMOCRATIC PARTY	Transaction ID: SB21.9083 Date of Disbursement 12 / 30 / 2003
Mailing Address PO Box 104199	Amount of Each Disbursement this Period 2500.00
City Anchorage State AK Zip Code 99510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contribution	Category/Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. DSCC-Federal	Transaction ID: SB21.8178 Date of Disbursement 12 / 30 / 2003
Mailing Address 430 S. Capital Street NE	Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Excess Campaign Funds	Category/Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Louisiana Legislative Black Caucus Scholarship Fund	Transaction ID: SB21.9264 Date of Disbursement 12 / 01 / 2003
Mailing Address Post Office Box 44003	Amount of Each Disbursement this Period 1000.00
City Baton Rouge State LA Zip Code 70804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Scholarship Fund Contribution	Category/Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	103500.00
TOTAL This Period (last page this line number only)	