

**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)
HASTINGS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. BROWARD COUNTY AFL-C BROWARD COUNTY AFL-CIO

Mailing Address 1700 N.W. 68 AVE

City PLANTATION State FL Zip Code 33313

Purpose of Disbursement
CAMPAIGN ADV. IN JOURNAL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB21.12292
Date of Disbursement

07 / 19 / 2005

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Mailing Address 511 CONGRESS ST
PO BOX 549

City NAPOLEONVILLE State LA Zip Code 70300

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: LA District 03

Category/
Type

Transaction ID: SB21.12306
Date of Disbursement

07 / 01 / 2005

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. CHET EDWARDS FOR CONGRESS

Mailing Address P.O. Box 23273

City Waco State TX Zip Code 76702

Purpose of Disbursement
CAMPAIGN DONATION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: TX District 17

Category/
Type

Transaction ID: SB21.12299
Date of Disbursement

07 / 01 / 2005

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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