

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)
The Billy Tauzin Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
West Jefferson Republican Parish Council Chalmette, LA	Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-29-98	500.00
B. Full Name, Mailing Address and ZIP Code Woody Jenkins Fund 914 North Foster Drive Baton Rouge, LA 70806	Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-29-98	500.00
C. Full Name, Mailing Address and ZIP Code National Re-ublican Congressional Committee 320 First Street, SE Washington, DC 20003	Transfer of excess funds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-30-98	13,000.00
D. Full Name, Mailing Address and ZIP Code The Children's Inn 7 West Drive Bethesda, MD 20814	Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-14-98	500.00
E. Full Name, Mailing Address and ZIP Code National Republican Congressional Com. 320 First Street, SE Washington, DC 20003	Transfer of Excess Funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-17-98	5,500.00
F. Full Name, Mailing Address and ZIP Code Arthritis Foundation 17050 Medical Center Drive Suite 300 Baton Rouge, LA 70816	Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-18-98	250.00
G. Full Name, Mailing Address and ZIP Code National Re-ublican Congressional Com. 320 First Street, SE Washington, DC 20003	Transfer of Excess Funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-22-98	100,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

120,250.00