

**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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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
John Breaux Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE LIEBERMAN

Mailing Address **PO BOX 4322
STATE HOUSE SQUARE**

City **HAMDEN** State **CT** Zip Code **06514**

Purpose of Disbursement
Void Check-never negotiated

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: **CT** District: **00**

Transaction ID: **SB21.10519**
Date of Disbursement

01 / 01 / 2006

Amount of Each Disbursement this Period

-1000.00

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

Full Name (Last, First, Middle Initial)

B. Mac Campbell for Arkansas Treasurer

Mailing Address **Post Office Box 251581**

City **Little Rock** State **AR** Zip Code **72225**

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: **SB21.10501**
Date of Disbursement

02 / 09 / 2006

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. MCCREY FOR CONGRESS COMMITTEE

Mailing Address **Post Office Box 52856
333 Texas Street Suite 1900**

City **Shreveport** State **LA** Zip Code **71135**

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: **LA** District: **04**

Transaction ID: **SB21.10513**
Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

2000.00

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)

20060721