

**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)  
 The Billy Tauzin Congressional Committee

Full Name (Last, First, Middle Initial)  
**A. Cancer Research**

Mailing Address 200 Dangerfield Road

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
 DONATION

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D125200454E4192  
 Date of Disbursement  
 10 / 14 / 2003

Amount of Each Disbursement this Period  
 600.00

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

**[MEMO ITEM]**  
 MEMO:Donation

Full Name (Last, First, Middle Initial)  
**B. Friends of Bobby Jindal**

Mailing Address P.O. Box 44290

City Baton Rouge State LA Zip Code 70804-

Purpose of Disbursement  
 DONATION - GOV. - LA

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D125200454E4125  
 Date of Disbursement  
 11 / 10 / 2003

Amount of Each Disbursement this Period  
 5000.00

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

Full Name (Last, First, Middle Initial)  
**C. House of Representatives Child Care Foun**

Mailing Address 3505 Rusticway Lane

City Falls Church State VA Zip Code 22044-

Purpose of Disbursement  
 DONATION

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D125200454E4198  
 Date of Disbursement  
 11 / 11 / 2003

Amount of Each Disbursement this Period  
 1000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **6000.00**

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