

**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)

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Full Name (Last, First, Middle Initial) A. COMMITTEE TO RE-ELECT ED TOWNS		Transaction ID: SB21.4233 Date of Disbursement 10 / 12 / 2006
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brooklyn	State NY Zip Code 11233	
Purpose of Disbursement Donation	011 Category/ Type	
Candidate Name COMMITTEE TO RE-ELECT ED TOWNS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 10	

Full Name (Last, First, Middle Initial) B. FRIENDS OF BENNIE THOMPSON		Transaction ID: SB21.4229 Date of Disbursement 10 / 12 / 2006
Mailing Address P.O. Box 100 P.O. Box 100		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bolton	State MS Zip Code 39041	
Purpose of Disbursement Donation	Category/ Type	
Candidate Name FRIENDS OF BENNIE THOMPSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS	District: 02	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB21.4225 Date of Disbursement 10 / 12 / 2006
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City STATE HOUSE SQUARE	State CT Zip Code 06123	
Purpose of Disbursement Donation	011 Category/ Type	
Candidate Name FRIENDS OF JOE LIEBERMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 00	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	