

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)
 Committee to Re-Elect Bobby Jindal

Full Name (Last, First, Middle Initial)
A. Charles Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 CHARLESW DENT

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

State: PA District: 15

Transaction ID: 50713.E2042
 Date of Disbursement
 06 / 23 / 2005

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. Jeff Fortenberry for Congress

Mailing Address 1620 Nancy Street

City Lincoln State NE Zip Code 68508-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 JEFFREYLANE FORTENBERRY

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

State: NE District: D1

Transaction ID: 50713.E2041
 Date of Disbursement
 06 / 23 / 2005

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)
C. Robin Hayes for Congress

Mailing Address P.O. Box 2000

City Concord State NC Zip Code 28026-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 ROBERTG(ROBIN) HAYES

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

State: NC District: 08

Transaction ID: 50713.E2039
 Date of Disbursement
 06 / 23 / 2005

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) ▶ **3000.00**

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