

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)		C00316506	
A. Full Name, Mailing Address and ZIP Code Le Triomphe 100 Club Blvd Broussard LA 70518	Purpose of Disbursement Fundraising Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursement this Period \$9,023.25
B. Full Name, Mailing Address and ZIP Code Louisiana Democratic Party P.O. Box 4385 Baton Rouge LA 70821	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/23/99	Amount of Each Disbursement this Period \$5,000.00
C. Full Name, Mailing Address and ZIP Code Louisiana Democratic Party P.O. Box 4385 Baton Rouge LA 70821	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/23/99	Amount of Each Disbursement this Period \$10,000.00
D. Full Name, Mailing Address and ZIP Code Lynn G S Street Required City ST 00000	Purpose of Disbursement Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursement this Period \$105.70
E. Full Name, Mailing Address and ZIP Code Mail Box Etc 4400 Ambassador Caffery Pkwy Lafayette LA 70508	Purpose of Disbursement Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/29/99	Amount of Each Disbursement this Period \$17.75
F. Full Name, Mailing Address and ZIP Code March Of Dimes P.O. Box 60177 New Orleans LA 70160	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 8/10/99	Amount of Each Disbursement this Period \$25.00
G. Full Name, Mailing Address and ZIP Code Massie, Camille 501 High Street Alexandria VA 22302	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/16/99	Amount of Each Disbursement this Period \$300.00
H. Full Name, Mailing Address and ZIP Code Michael And Sons Street Required City ST 00000	Purpose of Disbursement Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 7/30/99	Amount of Each Disbursement this Period \$20.50
I. Full Name, Mailing Address and ZIP Code Midas Muffler 625 New York Ave NW Washington DC 20001	Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/29/99	Amount of Each Disbursement this Period \$158.33

SUBTOTAL of Disbursements This Page (optional)	\$24,650.53
TOTAL This Period (last page this line number only)	