

**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

**A.** Full Name (Last, First, Middle Initial)  
 Friends of Dave Reichert

Mailing Address P.O. Box 53322

City Bellevue State WA Zip Code 98015-

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 DAVE REICHERT

Office Sought:  House  Senate  President  
 State: WA District: D8

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50328.E1808  
 Date of Disbursement  
 03 / 08 / 2005

Amount of Each Disbursement this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Rick Renzi for Congress

Mailing Address P.O. Box 2383

City Prescott State AZ Zip Code 86302-

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 RICHARDGEORGE RENZI

Office Sought:  House  Senate  President  
 State: AZ District: D1

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50328.E1808  
 Date of Disbursement  
 03 / 08 / 2005

Amount of Each Disbursement this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Republican Party of LA

Mailing Address 11440 North Lake Sherwood, Ste. A

City Baton Rouge State LA Zip Code 70818-

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
 State: District

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50414.E1814  
 Date of Disbursement  
 03 / 09 / 2005

Amount of Each Disbursement this Period  
 2500.00

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **4500.00**

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