

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HOGAN & HARTSON POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2007 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4967
Date of Disbursement
M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Amount of Each Disbursement this Period
500.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH DOLE COMMITTEE INC

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement Category/Type

Candidate Name ELIZABETH DOLE

Office Sought: House Senate President
Disbursement For: 2007 Primary General Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.4964
Date of Disbursement
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 607 14TH STREET NW SUITE 800
SUITE 1434

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Category/Type

Candidate Name MARY L LANDRIEU

Office Sought: House Senate President
Disbursement For: 2007 Primary General Other (specify) ▼

State: LA District: 00

Transaction ID: SB23.4953
Date of Disbursement
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	