

**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

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NAME OF COMMITTEE (In Full)  
John Breaux Committee

Full Name (Last, First, Middle Initial)  
**A. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN**

Mailing Address **PO BOX 16210**

City **ALBUQUERQUE** State **NM** Zip Code **87181**

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: **NM** District: **00**

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: **SB21.10375**  
Date of Disbursement  
**04 / 18 / 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. Alzheimer's Association**

Mailing Address **225 N. Michigan Avenue**

City **Chicago** State **IL** Zip Code **60601**

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: **SB21.10380**  
Date of Disbursement  
**04 / 29 / 2005**

Amount of Each Disbursement this Period  
**100.00**

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

Full Name (Last, First, Middle Initial)  
**C. AMERIPAC**

Mailing Address **140 COVANT #2**

City **MANCHESTER** State **NH** Zip Code **03102**

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: **SB21.10403**  
Date of Disbursement  
**06 / 21 / 2005**

Amount of Each Disbursement this Period  
**1000.00**

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

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<b>2100.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	