

**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)

PAGE 32 / 37

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tom DeLay Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Jane Nonbrana</b>		Transaction ID: 61015.E12722 Date of Disbursement 10 / 11 / 2006
Mailing Address 1016 N. Oregon Street Apt. 5		Amount of Each Disbursement this Period 25.00
City El Paso State TX Zip Code 79902-4066	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution ITEMIZE Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Roger Prather</b>		Transaction ID: 61015.E12729 Date of Disbursement 10 / 11 / 2006
Mailing Address 1321 Appaloosa Rd.		Amount of Each Disbursement this Period 20.00
City Boulder City State NV Zip Code 89005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution ITEMIZE Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lohvohn Reynolds</b>		Transaction ID: 61015.E12727 Date of Disbursement 10 / 11 / 2006
Mailing Address PO Box 21987		Amount of Each Disbursement this Period 50.00
City Chattanooga State TN Zip Code 37424-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution ITEMIZE Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	95.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____