

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DARCY BURNER FOR CONGRESS</b>		<b>Transaction ID:</b> SB17.18095	
Mailing Address PO BOX 1090		Date of Disbursement MM / DD / YYYY 11 / 03 / 2006	
City CARNATION	State WA	Zip Code 98014	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA	District: 08		

Full Name (Last, First, Middle Initial) <b>B. Digital Coordination</b>		<b>Transaction ID:</b> SB17.18066	
Mailing Address 2929 University Ave SE #110		Date of Disbursement MM / DD / YYYY 10 / 28 / 2006	
City Minneapolis	State MN	Zip Code 55414	Amount of Each Disbursement this Period 400.00
Purpose of Disbursement Computer Rental		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Digital Coordination</b>		<b>Transaction ID:</b> SB17.18137	
Mailing Address 2929 University Ave SE #110		Date of Disbursement MM / DD / YYYY 11 / 14 / 2006	
City Minneapolis	State MN	Zip Code 55414	Amount of Each Disbursement this Period 750.00
Purpose of Disbursement Computer Rental		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	