

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 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)
Kansans for Tiaht

Full Name (Last, First, Middle Initial) A. Jim Ryun for Congress (KS/2)		Transaction ID: B-E-30581 Date of Disbursement 02 / 09 / 2007
Mailing Address PO Box 826		Amount of Each Disbursement this Period 2000.00
City Topeka State KS Zip Code 66601-0826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Contribution	Candidate Name	011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AirTran Airlines		Transaction ID: B-S-5677 Date of Disbursement 01 / 17 / 2007
Mailing Address		Amount of Each Disbursement this Period 114.60
City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel: air fare	Candidate Name	002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Todd Tiaht(01/17/07)

Full Name (Last, First, Middle Initial) C. Kansas Employment Security Fund		Transaction ID: B-E-30553 Date of Disbursement 01 / 19 / 2007
Mailing Address PO Box 400		Amount of Each Disbursement this Period 410.49
City Topeka State KS Zip Code 66601-0400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement State unemployment	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2410.49
TOTAL This Period (last page this line number only) ▶	_____