

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)
Baird for Congress

A. Full Name (Last, First, Middle Initial)
DONNELLY FOR CONGRESS COMMITTEE

Mailing Address PO Box 1961

City South Bend State IN Zip Code 46634-1961

Purpose of Disbursement
Political contribution

Candidate Name
Joseph S. Donnelly

011
Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D1887
Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address PO Box 62

City Evansville State IN Zip Code 47701-0062

Purpose of Disbursement
Political contribution

Candidate Name
ELLSWORTH FOR CONGRESS COMMITTEE

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D1572
Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
Heath Shuler For Congress

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814-8446

Purpose of Disbursement
political contribution

Candidate Name
Heath Shuler For Congress

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D757
Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶