

**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)
Simmons For Congress

Full Name (Last, First, Middle Initial) A. Federal Election Commission		Transaction ID: 70808.E4053 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7
Mailing Address 999 E Street NW		Amount of Each Disbursement this Period 9500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20463-	Purpose of Disbursement FINE PAYMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FINE PAYMENT

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: 70905.E4055 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address West Broad Street		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pawcatuck State CT Zip Code 06379-	Purpose of Disbursement SERVICE CHARGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CHARGE

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Transaction ID: 71002.E4058 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address C/O Mike Rogers P.O. Box 1113		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anniston State AL Zip Code 36202-	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	10535.00
TOTAL This Period (last page this line number only) ▶	_____