

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)
Mike Ross for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Danctastics Booster Club

Mailing Address PO Box 486

City Hope State AR Zip Code 71802

Purpose of Disbursement

Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D205270

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Cmte

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Unlimited transfer to national part

Candidate Name
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D205327

Date of Disbursement

10 / 19 / 2008

Amount of Each Disbursement this Period

50000.00

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

C.

Full Name (Last, First, Middle Initial)
Friends of Jim Langevin

Mailing Address PO Box 8378

City Warwick State RI Zip Code 02888

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D205271

Date of Disbursement

10 / 16 / 2008

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) ▶

51250.00

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