

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Ike Skelton For Congress Committee

ADDRESS (number and street) P.O. Box A
 Check if different than previously reported. (ACC)
Harrisonville MO 64701

2. **FEC IDENTIFICATION NUMBER** C00025973
CITY **STATE** **ZIP CODE**
STATE DISTRICT MO 04
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 07 2006 in the State of MO
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Robert L. Welling
Signature of Treasurer Electronically Filed by Robert L. Welling Date 04 25 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Ike Skelton For Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	29496.00	1004036.94
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29496.00	1001936.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	47781.34	561391.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3904.79
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47781.34	557487.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	410385.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Ike Skelton For Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5100.00

315641.19

(ii) Unitemized.....

1896.00

52230.96

(iii) TOTAL of contributions

6996.00

367872.15

from individuals..... ▶

0.00

500.00

(b) Political Party Committees.....

22500.00

635664.79

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

29496.00

1004036.94

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

3904.79

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

283.18

5099.02

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

29779.18

1013040.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47781.34	561391.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1300.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2100.00
21. OTHER DISBURSEMENTS.....	120000.00	332000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	167781.34	895491.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	548387.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	29779.18
25. SUBTOTAL (add Line 23 and Line 24).....	578166.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	167781.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	410385.44

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Ike Skelton For Congress Committee

A. Full Name (Last, First, Middle Initial)
ADM PAC (Archer Daniels Midland PAC)

Mailing Address P.O. Box 1470

City State Zip Code
Decatur IL 62525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 61018.C6209

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Medical Association PAC

Mailing Address 1101 Vermont Avenue, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: 61006.C6173

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address of the Natl Automobile Dealers Ass
8400 Westpark Drive

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 61018.C6210

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ike Skelton For Congress Committee

A. Full Name (Last, First, Middle Initial)
Intl. Union of Operating Engineers PAC

Mailing Address 1125 Seventeenth Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 61006.C6174

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
MO Farm Bureau PAC

Mailing Address P.O. Box 658

City Jefferson City State MO Zip Code 65102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61018.C6218

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assoc. PAC

Mailing Address 1101 King Street, Suite 600

City Alexandria State VA Zip Code 22314-2944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: 61023.C6227

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 37	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. National Restaurant Association PAC	
Mailing Address 1200 Seventeenth Street, NW	
City Washington	State DC
Zip Code 20036-3097	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Transaction ID: 61018.C6211
Amount of Each Receipt this Period 1000.00
Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	22500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ike Skelton For Congress Committee

A. Full Name (Last, First, Middle Initial)
Herbert Buchbinder

Mailing Address 8137 W. 99th Street

City Overland Park State KS Zip Code 66212-3445

FEC ID number of contributing federal political committee. **C**

Name of Employer Wachovia Occupation Stockbroker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 6

Transaction ID: 61018.C6184

Amount of Each Receipt this Period
 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Daniel Carter

Mailing Address 1022 Walnut Lane

City Warrensburg State MO Zip Code 64093

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 7 / 2 0 0 6

Transaction ID: 61018.C6187

Amount of Each Receipt this Period
 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Carl D. Commenator

Mailing Address 8514 Wild Spruce Drive

City Springfield State VA Zip Code 22153

FEC ID number of contributing federal political committee. **C**

Name of Employer The Livingston Group LLC Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 61023.C6226

Amount of Each Receipt this Period
 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ike Skelton For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ingrid C. Coutts

Mailing Address 2 Chilhowie Court

City State Zip Code
Cockeysville MD 21030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Villa Maria Residence Nurse

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 61018.C6212

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Coutts

Mailing Address 2 Chilhowie Court

City State Zip Code
Cockeysville MD 21030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lockheed Martin President GES LMC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 61018.C6213

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bob Cutler

Mailing Address 10955 Granada

City State Zip Code
Overland Park KS 66211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
C3 CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 61018.C6188

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ike Skelton For Congress Committee

A. Full Name (Last, First, Middle Initial)
Steven Gildehaus

Mailing Address P.O. Box 276

City State Zip Code
Grain Valley MO 64029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWG Investments Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 6

Transaction ID: 61018.C6214

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alan Kosloff

Mailing Address 416 Forest Road

City State Zip Code
Vail CO 81657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dunbrook Inc. President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 61018.C6194

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Fred Moosally

Mailing Address 2552 Bridge Hill Lane

City State Zip Code
Oakton VA 22124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lockheed Martin Division President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 61018.C6216

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ike Skelton For Congress Committee

A. Full Name (Last, First, Middle Initial)
Leland Shurin

Mailing Address 411 W. 46th Terrace, #1101

City State Zip Code
Kansas City MO 64112-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer Shaffer, Lombardo & Shurin Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2006

Transaction ID: 61018.C6205

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Deborah Smith

Mailing Address 5801 Ward Parkway

City State Zip Code
Kansas City MO 64113

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Community Volunteer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2006

Transaction ID: 61018.C6206

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	5100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 37
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Allen Bank & Trust Company		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 447		Transaction ID: 61012.C6176
City State Zip Code Harrisonville MO 64701-	Amount of Each Receipt this Period 232.08	
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 3821.38	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Union State Bank		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 102 North Second Street P.O. Box 646		Transaction ID: 61020.C6222
City State Zip Code Clinton MO 64735-	Amount of Each Receipt this Period 51.10	
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1277.64	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	283.18
TOTAL This Period (last page this line number only)	283.18

**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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc.		Transaction ID: 61019.E3944 Date of Disbursement 10 / 18 / 2006
Mailing Address 2285 Peachtree Road, NE, #210		Amount of Each Disbursement this Period 19.50
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ONLINE CONTRIBUTION FEES		ONLINE CONTRIBUTION FEES
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) ▼	

Full Name (Last, First, Middle Initial) B. Division of Employment Security		Transaction ID: 61018.E3936 Date of Disbursement 10 / 12 / 2006
Mailing Address P.O. Box 888		Amount of Each Disbursement this Period 127.40
City Jefferson City State MO Zip Code 65102-0888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UNEMPLOYMENT TAX		UNEMPLOYMENT TAX
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) ▼	

Full Name (Last, First, Middle Initial) C. Monica Hutchens		Transaction ID: 61018.E3938 Date of Disbursement 10 / 13 / 2006
Mailing Address PO Box 973		Amount of Each Disbursement this Period 910.62
City Harrisonville State MO Zip Code 64701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY		SALARY
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1057.52
TOTAL This Period (last page this line number only) ▶	

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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Kevin K. Anderson/R. Michael Wagner		Transaction ID: 61012.E3843 Date of Disbursement 10 / 03 / 2006	
Mailing Address P.O. Box A		Amount of Each Disbursement this Period 711.00	
City Harrisonville State MO Zip Code 64701-	Purpose of Disbursement OFFICE RENT	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE RENT	

Full Name (Last, First, Middle Initial) B. LUC Media		Transaction ID: 61020.E3945 Date of Disbursement 10 / 12 / 2006	
Mailing Address 25 Whitlock Place, SW, Suite 201		Amount of Each Disbursement this Period 16000.00	
City Marietta State GA Zip Code 30064-	Purpose of Disbursement MEDIA BUY	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEDIA BUY	

Full Name (Last, First, Middle Initial) C. LUC Media		Transaction ID: 61020.E3946 Date of Disbursement 10 / 18 / 2006	
Mailing Address 25 Whitlock Place, SW, Suite 201		Amount of Each Disbursement this Period 16000.00	
City Marietta State GA Zip Code 30064-	Purpose of Disbursement MEDIA BUY	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEDIA BUY	

SUBTOTAL of Disbursements This Page (optional) ▶	32711.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Missouri Department of Revenue		Transaction ID: 61018.E3937 Date of Disbursement 10 / 12 / 2006	
Mailing Address P.O. Box 999		Amount of Each Disbursement this Period 974.00	
City Jefferson City State MO Zip Code 65108-0999	Purpose of Disbursement STATE INCOME TAX	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	STATE INCOME TAX	

Full Name (Last, First, Middle Initial) B. Michael Rowan		Transaction ID: 61012.E3844 Date of Disbursement 10 / 03 / 2006	
Mailing Address 1801 K Street, NW, #500		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20006-	Purpose of Disbursement POLITICAL CONSULTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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 CONSULTING	

Full Name (Last, First, Middle Initial) C. Sheries Country Flowers		Transaction ID: 61012.E3845 Date of Disbursement 10 / 03 / 2006	
Mailing Address 603 South 13 Highway		Amount of Each Disbursement this Period 85.75	
City Lexington State MO Zip Code 64067-	Purpose of Disbursement CONSTITUENT FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CONSTITUENT FLOWERS	

SUBTOTAL of Disbursements This Page (optional) ▶	3559.75
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Ike Skelton		Transaction ID: 61012.E3929 Date of Disbursement 10 / 10 / 2006
Mailing Address 6754 Towne Lane Road		Amount of Each Disbursement this Period 20.00
City Mc Lean State VA Zip Code 22101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARKING REIMBURSEMENT		PARKING REIMBURSEMENT
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) ▼	

Full Name (Last, First, Middle Initial) B. Allen Steele		Transaction ID: 61012.E3842 Date of Disbursement 10 / 03 / 2006
Mailing Address 202 W. Oak Street		Amount of Each Disbursement this Period 144.40
City Archie State MO Zip Code 64725-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE		MILEAGE
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) ▼	

Full Name (Last, First, Middle Initial) C. Sheryl S. Steele		Transaction ID: 61012.E3930 Date of Disbursement 10 / 10 / 2006
Mailing Address 202 W. Oak St		Amount of Each Disbursement this Period 29.37
City Archie State MO Zip Code 64725-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE		MILEAGE
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	193.77
TOTAL This Period (last page this line number only) ▶	

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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Sheryl S. Steele		Transaction ID: 61018.E3939 Date of Disbursement 10 / 13 / 2006	
Mailing Address 202 W. Oak St		Amount of Each Disbursement this Period 1417.00	
City Archie State MO Zip Code 64725-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	SALARY	

Full Name (Last, First, Middle Initial) B. Grain Valley Pointe		Transaction ID: 61018.E3935 Date of Disbursement 10 / 12 / 2006	
Mailing Address P.O. Box 387		Amount of Each Disbursement this Period 532.00	
City Grain Valley State MO Zip Code 64029-	Purpose of Disbursement ADVERTISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	ADVERTISING	

Full Name (Last, First, Middle Initial) C. US Bank		Transaction ID: 61012.E3874 Date of Disbursement 10 / 03 / 2006	
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 6183.68	
City Saint Louis State MO Zip Code 63179-0408	Purpose of Disbursement CREDIT CARD: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CREDIT CARD: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	8132.68
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. A.V. Ristorante Italiano		Transaction ID: 61012.E3924 Date of Disbursement 09 / 08 / 2006
Mailing Address 607 N.Y. Avenue NW		Amount of Each Disbursement this Period 44.55
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSTITUENT MEALS	Candidate Name	[MEMO ITEM] MEMO: CONSTITUENT MEALS
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) ▼	

Full Name (Last, First, Middle Initial) B. Alewels Country Meats		Transaction ID: 61012.E3919 Date of Disbursement 09 / 13 / 2006
Mailing Address 911 North Simpson Drive Junction 13 & 50 Highways		Amount of Each Disbursement this Period 49.02
City Warrensburg State MO Zip Code 64093-9277	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSTITUENT GIFT	Candidate Name	[MEMO ITEM] MEMO: CONSTITUENT GIFT
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) ▼	

Full Name (Last, First, Middle Initial) C. Alewels Country Meats		Transaction ID: 61012.E3876 Date of Disbursement 08 / 24 / 2006
Mailing Address 911 North Simpson Drive Junction 13 & 50 Highways		Amount of Each Disbursement this Period 41.05
City Warrensburg State MO Zip Code 64093-9277	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL GIFT	Candidate Name	[MEMO ITEM] MEMO: POLITICAL GIFT
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Alexandros Restaurant		Transaction ID: 61012.E3898 Date of Disbursement 08 / 29 / 2006	
Mailing Address 2125 Missouri Blvd.		Amount of Each Disbursement this Period 131.00	
City Jefferson City State MO Zip Code 65109-	Purpose of Disbursement CONSTITUENT MEALS	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT MEALS	

Full Name (Last, First, Middle Initial) B. Capitol Hill Suites		Transaction ID: 61012.E3920 Date of Disbursement 09 / 13 / 2006	
Mailing Address 200 C. Street Northwest		Amount of Each Disbursement this Period 170.61	
City Washington State DC Zip Code 20001-	Purpose of Disbursement LODGING	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: LODGING	

Full Name (Last, First, Middle Initial) C. Macaroni Grill		Transaction ID: 61012.E3901 Date of Disbursement 08 / 30 / 2006	
Mailing Address 19821 E. Jackson Drive		Amount of Each Disbursement this Period 85.05	
City Independence State MO Zip Code 64057-	Purpose of Disbursement CONSTITUENT MEALS	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT MEALS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. McGraths		Transaction ID: 61012.E3906 Date of Disbursement MM / DD / YYYY 09 / 16 / 2006	
Mailing Address 2901 West Broadway		Amount of Each Disbursement this Period 157.96	
City Sedalia State MO Zip Code 65301-	Purpose of Disbursement CONSTITUENT MEALS Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] MEMO: CONSTITUENT MEALS	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Midwest Express Airlines, Inc.		Transaction ID: 61012.E3908 Date of Disbursement MM / DD / YYYY 08 / 22 / 2006	
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 223.59	
City Oak Creek State WI Zip Code 53154-	Purpose of Disbursement AIRFARE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] MEMO: AIRFARE	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Pitney Bowes Rental		Transaction ID: 61012.E3913 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006	
Mailing Address 141 Sheridan Drive		Amount of Each Disbursement this Period 55.10	
City Naugatuck State CT Zip Code 06770-	Purpose of Disbursement POSTAGE METER RENTAL Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] MEMO: POSTAGE METER RENTAL	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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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)
Ike Skelton For Congress Committee

<p>A. Pulcinella Restaurant</p> <p>Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee</p> <p>Mailing Address 6852 Old Dominion</p> <p>City Mc Lean State VA Zip Code 22101-</p> <p>Purpose of Disbursement CONSTITUENT MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Transaction ID: 61012.E3927</p> <p>Date of Disbursement 09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 67.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CONSTITUENT MEALS</p>
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<p>B. Quill Corporation</p> <p>Full Name (Last, First, Middle Initial) Quill Corporation</p> <p>Mailing Address P.O. Box 94081</p> <p>City Palatine State IL Zip Code 60094-4081</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Transaction ID: 61012.E3916</p> <p>Date of Disbursement 09 / 07 / 2006</p> <p>Amount of Each Disbursement this Period 41.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>
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<p>C. Quill Corporation</p> <p>Full Name (Last, First, Middle Initial) Quill Corporation</p> <p>Mailing Address P.O. Box 94081</p> <p>City Palatine State IL Zip Code 60094-4081</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Transaction ID: 61012.E3917</p> <p>Date of Disbursement 09 / 07 / 2006</p> <p>Amount of Each Disbursement this Period 164.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER:
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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. River Reader		Transaction ID: 61012.E3875 Date of Disbursement 08 / 24 / 2006	
Mailing Address 1010 Main Street		Amount of Each Disbursement this Period 217.10	
City Lexington State MO Zip Code 64067-	Purpose of Disbursement EVENT CATERING	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EVENT CATERING	

Full Name (Last, First, Middle Initial) B. The Lexington Brewery		Transaction ID: 61012.E3891 Date of Disbursement 08 / 23 / 2006	
Mailing Address 212 South 11th Street		Amount of Each Disbursement this Period 61.76	
City Lexington State MO Zip Code 64067-	Purpose of Disbursement CONSTITUENT MEALS	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT MEALS	

Full Name (Last, First, Middle Initial) C. The Lexington Brewery		Transaction ID: 61012.E3890 Date of Disbursement 08 / 23 / 2006	
Mailing Address 212 South 11th Street		Amount of Each Disbursement this Period 209.48	
City Lexington State MO Zip Code 64067-	Purpose of Disbursement CONSTITUENT MEALS	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CONSTITUENT MEALS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. The Washington Court Hotel		Transaction ID: 61012.E3915 Date of Disbursement 09 / 09 / 2006
Mailing Address 525 New Jersey Ave, NW		Amount of Each Disbursement this Period 1800.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT CATERING	Candidate Name	[MEMO ITEM] MEMO: EVENT CATERING
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) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 61012.E3887 Date of Disbursement 09 / 18 / 2006
Mailing Address 201 E. Jefferson Street		Amount of Each Disbursement this Period 492.70
City Phoenix State AZ Zip Code 85004-2412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE	Candidate Name	[MEMO ITEM] MEMO: AIRFARE
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) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 61012.E3886 Date of Disbursement 09 / 18 / 2006
Mailing Address 201 E. Jefferson Street		Amount of Each Disbursement this Period 492.70
City Phoenix State AZ Zip Code 85004-2412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE	Candidate Name	[MEMO ITEM] MEMO: AIRFARE
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 61012.E3923 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2106 RHOB		Amount of Each Disbursement this Period 4.36
City Washington State DC Zip Code 20515-9994	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
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) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: 61012.E3922 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 2106 RHOB		Amount of Each Disbursement this Period 15.60
City Washington State DC Zip Code 20515-9994	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
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) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 61012.E3921 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 2106 RHOB		Amount of Each Disbursement this Period 19.40
City Washington State DC Zip Code 20515-9994	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 61012.E3911 Date of Disbursement 09 / 05 / 2006	
Mailing Address 305 East Mechanic		Amount of Each Disbursement this Period 3.51	
City Harrisonville State MO Zip Code 64701-	Purpose of Disbursement POSTAGE	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: 61012.E3879 Date of Disbursement 08 / 30 / 2006	
Mailing Address 305 East Mechanic		Amount of Each Disbursement this Period 8.10	
City Harrisonville State MO Zip Code 64701-	Purpose of Disbursement POSTAGE	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 61012.E3881 Date of Disbursement 09 / 13 / 2006	
Mailing Address 305 East Mechanic		Amount of Each Disbursement this Period 229.09	
City Harrisonville State MO Zip Code 64701-	Purpose of Disbursement POSTAGE	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 61012.E3878 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 305 East Mechanic		Amount of Each Disbursement this Period 129.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisonville State MO Zip Code 64701-	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: POSTAGE

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: 61012.E3912 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 305 East Mechanic		Amount of Each Disbursement this Period 25.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisonville State MO Zip Code 64701-	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: POSTAGE

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 61012.E3880 Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
Mailing Address 305 East Mechanic		Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisonville State MO Zip Code 64701-	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
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) ▼	[MEMO ITEM] MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 61012.E3847 Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 25505		Amount of Each Disbursement this Period 47.47
City Lehigh Valley State PA Zip Code 18002-5505	Purpose of Disbursement PHONE SERVICE Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

Full Name (Last, First, Middle Initial) B. Kyle Wilkens		Transaction ID: 61012.E3858 Date of Disbursement 10 / 04 / 2006
Mailing Address 804 SW 3rd Street		Amount of Each Disbursement this Period 234.07
City Concordia State MO Zip Code 64020-	Purpose of Disbursement MILEAGE Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE

Full Name (Last, First, Middle Initial) C. Kyle Wilkens		Transaction ID: 61012.E3931 Date of Disbursement 10 / 10 / 2006
Mailing Address 804 SW 3rd Street		Amount of Each Disbursement this Period 258.55
City Concordia State MO Zip Code 64020-	Purpose of Disbursement MILEAGE Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	540.09
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Kyle Wilkens		Transaction ID: 61018.E3940 Date of Disbursement 10 / 13 / 2006	
Mailing Address 804 SW 3rd Street		Amount of Each Disbursement this Period 1312.12	
City Concordia State MO Zip Code 64020-	Purpose of Disbursement SALARY	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type SALARY	

SUBTOTAL of Disbursements This Page (optional)	1312.12
TOTAL This Period (last page this line number only)	47506.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Abercrombie for Congress		Transaction ID: 61012.E3852 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1050 Ala Moana Blvd, Ste. D28		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honolulu State HI Zip Code 96814-	Purpose of Disbursement CONTRIBUTION HI-1-H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Boswell for Congress		Transaction ID: 61012.E3864 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 6220		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 Des Moines State IA Zip Code 50309-	Purpose of Disbursement CONTRIBUTION IA-3-H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Brian Higgins for Congress		Transaction ID: 61012.E3861 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 28		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 Buffalo State NY Zip Code 14220-	Purpose of Disbursement CONTRIBUTION NY-27-H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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<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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Charlie Wilson for Congress		Transaction ID: 61018.E3942 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 800 Main Street		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 Bridgeport State OH Zip Code 43912-	Purpose of Disbursement CONTRIBUTION OH-6-H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Chet Edwards for Congress		Transaction ID: 61012.E3866 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 23273		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 Waco State TX Zip Code 76702-	Purpose of Disbursement CONTRIBUTION TX-17-H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Committee to Bring Back Baron		Transaction ID: 61012.E3870 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 1071		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 Seymour State IN Zip Code 47272-	Purpose of Disbursement CONTRIBUTION IN-9-H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
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<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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte.		Transaction ID: 61012.E3873 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Category/ Type
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. Democratic Congressional Campaign Cmte.		Transaction ID: 61012.E3848 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Category/ Type
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) C. Democratic Congressional Campaign Cmte.		Transaction ID: 61012.E3859 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	65000.00
TOTAL This Period (last page this line number only) ▶	_____

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(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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte.		Transaction ID: 61012.E3872 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Category/ Type
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. Friends of Jim Marshall		Transaction ID: 61012.E3853 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 125		Amount of Each Disbursement this Period 2000.00
City Macon State GA Zip Code 31202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION GA-8-H		Category/ Type
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) C. Friends of John Barrow		Transaction ID: 61012.E3860 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 8166		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31412-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION GA-12-H		Category/ Type
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	28000.00
TOTAL This Period (last page this line number only) ▶	

**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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Friends of Tammy Duckworth		Transaction ID: 61012.E3871 Date of Disbursement 10 / 05 / 2006
Mailing Address 416 W. 22nd Street		Amount of Each Disbursement this Period 1000.00
City Lombard State IL Zip Code 60148-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION IL-6-H Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gene Taylor for Congress		Transaction ID: 61012.E3849 Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 3838		Amount of Each Disbursement this Period 2000.00
City Bay Saint Louis State MS Zip Code 39520-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION MS-4-H Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Spratt for Congress		Transaction ID: 61012.E3850 Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 10986		Amount of Each Disbursement this Period 2000.00
City Rock Hill State SC Zip Code 29731-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION SC-5-H Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Marty Meehan for Congress Committee		Transaction ID: 61012.E3851 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 75 Princeton Street		Amount of Each Disbursement this Period 2000.00
City North Chelmsford State MA Zip Code 01863-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION MA-5-H Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matheson for Congress		Transaction ID: 61012.E3863 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 1400 S. Foothill Drive, Ste. 222		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84108-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION UT-2-H Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Melancon for Congress		Transaction ID: 61012.E3865 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 549		Amount of Each Disbursement this Period 1000.00
City Napoleonville State LA Zip Code 70390-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION LA-3-H Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Melissa Bean for Congress		Transaction ID: 61012.E3862 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 3068		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 Barrington State IL Zip Code 60010-	Category/ Type	
Purpose of Disbursement CONTRIBUTION IL-8-H		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Moore for Congress		Transaction ID: 61012.E3867 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 14631		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 Shawnee Mission State KS Zip Code 66285-	Category/ Type	
Purpose of Disbursement CONTRIBUTION KS-3-H		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ortiz for Congress Committee		Transaction ID: 61012.E3854 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 7806		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corpus Christi State TX Zip Code 78467-	Category/ Type	
Purpose of Disbursement CONTRIBUTION TX-27-H		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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)
Ike Skelton For Congress Committee

Full Name (Last, First, Middle Initial) A. Reyes Committee Inc.		Transaction ID: 61012.E3856 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1101 Montana Avenue		Amount of Each Disbursement this Period 2000.00
City El Paso State TX Zip Code 79902-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION TX-16-H	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Send Salazar to Congress		Transaction ID: 61012.E3869 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 1000.00
City Pueblo State CO Zip Code 81002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION CO-3-H	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Snyder for Congress		Transaction ID: 61012.E3855 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1405 North Pierce, Suite 204		Amount of Each Disbursement this Period 2000.00
City Little Rock State AR Zip Code 72207-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION AR-2-H	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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<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)
Ike Skelton For Congress Committee

A. Full Name (Last, First, Middle Initial)
Stephanie Herseht for Congress

Mailing Address P.O. Box 2009

City State Zip Code
Sioux Falls SD 57101-

Purpose of Disbursement
CONTRIBUTION SD-AT LARGE-H

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61012.E3868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
Tim Mahoney for Florida

Mailing Address 4114 Northlake Blvd., Suite 300

City State Zip Code
Palm Beach Gardens FL 33410-

Purpose of Disbursement
CONTRIBUTION FL-16-H

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61018.E3943

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)