

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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
Oklahomans for Denise Bode

A. Carl Bode Full Name (Last, First, Middle Initial) Mailing Address 7005 Nichols Road City Oklahoma City State OK Zip Code 73116-5005 Purpose of Disbursement Contribution Refund Candidate Name		Transaction ID: B-E-1934 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006 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
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Category/Type 010

B. John Bode Full Name (Last, First, Middle Initial) Mailing Address 431 NW 17th Street City Oklahoma City State OK Zip Code 73103-3426 Purpose of Disbursement Contribution Refund Candidate Name		Transaction ID: B-E-1935 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006 Amount of Each Disbursement this Period 2100.00 <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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Category/Type 010

C. John Bode Full Name (Last, First, Middle Initial) Mailing Address 431 NW 17th Street City Oklahoma City State OK Zip Code 73103-3426 Purpose of Disbursement Contribution Refund Candidate Name		Transaction ID: B-E-1936 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006 Amount of Each Disbursement this Period 2100.00 <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

SUBTOTAL of Disbursements This Page (optional) ▶	5200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)