

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Clark County Democratic Party

Mailing Address 201 North 10th Street

City Arkadelphia State AR Zip Code 71923

Purpose of Disbursement
7/17/08 check never cashed

Candidate Name
Clark County Democratic Party

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D211689
Date of Disbursement

1 2 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

-350.00

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

B.

Full Name (Last, First, Middle Initial)
FoodShare Arkansas

Mailing Address PO Box 501

City Prescott State AR Zip Code 71857

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D211615
Date of Disbursement

1 2 / 0 8 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

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

C.

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

Mailing Address PO Box 8378

City Warwick State RI Zip Code 02888

Purpose of Disbursement
10/16/08 check re-issued 1/12/09

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D211271
Date of Disbursement

1 2 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

-1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

-350.00

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