

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
Jim Ryun for Congress

ADDRESS (number and street) PO Box 826
 Check if different than previously reported. (ACC)
Topeka KS 66601

2. **FEC IDENTIFICATION NUMBER** C00320077
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
KS 2

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 [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 07 13 2006 through 09 30 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 Stephen R Iliff

Signature of Treasurer Electronically Filed by Stephen R Iliff Date 10 20 2006

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

Jim Ryun for Congress

Report Covering the Period: From: To:

	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)).....	153542.44	749084.98
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	153542.44	744984.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	186160.85	508342.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	36.15	4007.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	186124.70	504335.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	382529.43	
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

Write or Type Committee Name
Jim Ryun for Congress

Report Covering the Period: From:

M	M
0	7

D	D
1	3

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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).....

54385.00

269511.00

(ii) Unitemized.....

10479.00

60336.26

(iii) TOTAL of contributions

64864.00

329847.26

from individuals..... ▶

646.00

4969.20

(b) Political Party Committees.....

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

88032.44

414268.52

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

153542.44

749084.98

(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

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

36.15

4007.22

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

4464.98

12212.01

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

158043.57

765304.21

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	186160.85	508342.63
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	4100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4100.00
21. OTHER DISBURSEMENTS.....	11250.00	26250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	197410.85	538692.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	421896.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	158043.57
25. SUBTOTAL (add Line 23 and Line 24).....	579940.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	197410.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	382529.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Action Committee for Rural Electrificati Mailing Address 4301 Wilson Blvd City State Zip Code Arlington VA 22203-1860 FEC ID number of contributing federal political committee. C C00002972 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 ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006 Transaction ID: 60929.C8533 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)
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Full Name (Last, First, Middle Initial) B. AFLAC Incorporated PAC Mailing Address 1932 Wynnton Road City State Zip Code Columbus GA 31999 FEC ID number of contributing federal political committee. C C00034157 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 Transaction ID: 60901.C8084 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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Full Name (Last, First, Middle Initial) C. AFLAC Incorporated PAC Mailing Address 1932 Wynnton Road City State Zip Code Columbus GA 31999 FEC ID number of contributing federal political committee. C C00034157 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006 Transaction ID: 60901.C8097 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)
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SUBTOTAL of Receipts This Page (optional)	4000.00
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 6 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Ahner For Congress		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address PO Box 25812		Transaction ID: 60901.C8122
City State Zip Code Shawnee Mission KS 66225-5812	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Americas Community Bankers COMPAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address 900 19th Street, NW, Suite 400		Transaction ID: 60929.C8459
City State Zip Code Washington DC 20006	FEC ID number of contributing federal political committee. C C00001875	Amount of Each Receipt this Period 83.71
Name of Employer	Occupation	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5277.00	

Full Name (Last, First, Middle Initial) C. American Academy of Audiology Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 11730 Plaza America Dr Ste 300		Transaction ID: 60901.C8083
City State Zip Code Reston VA 20190	FEC ID number of contributing federal political committee. C C00342972	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1333.71
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 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. American Academy of Audiology Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 11730 Plaza America Dr Ste 300		Transaction ID: 61006.C8552	
City State Zip Code Reston VA 20190	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00342972		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. American Bankers Assoc PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: 61006.C8570	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00004275		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) C. American Century PAC Federal		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 4500 Main Street		Transaction ID: 60901.C8133	
City State Zip Code Kansas City MO 64111	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00338012		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
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 8 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

A. American Crystal Sugar Co PAC

Full Name (Last, First, Middle Initial)
Mailing Address 101 North Third Street

City State Zip Code
Moorhead MN 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 60901.C8149

Amount of Each Receipt this Period
2000.00

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

B. American Dental PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1111 14th Street NW Ste 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2006

Transaction ID: 60901.C8077

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. Appraisal Institute PAC

Full Name (Last, First, Middle Initial)
Mailing Address 122 C ST NW STE 360

City State Zip Code
Washington DC 20001-0000

FEC ID number of contributing federal political committee. **C** C00144261

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2006

Transaction ID: 60901.C8078

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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 / 132
	<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Associated Builders & Contractors PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 4250 North Fairfax Drive 9th Floor		Transaction ID: 60929.C8529	
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00010421	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
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 ▼ 3500.00		

Full Name (Last, First, Middle Initial) B. Associated General Contractors PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 333 John Carlyle Street Suite 200		Transaction ID: 61006.C8692	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00082917	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
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 ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Black & Veatch Good Government Fund		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 11401 Lamar Ave		Transaction ID: 60901.C8138	
City State Zip Code Shawnee Mission KS 66211-1508	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00012310	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00		

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
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 10 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Build PAC of the Natl Assoc of Home Bld Mailing Address 1201 15th Street NW City State Zip Code Washington DC 20005-2800 FEC ID number of contributing federal political committee. C C00000901 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 ▼ 10000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Transaction ID: 61006.C8556 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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Full Name (Last, First, Middle Initial) B. CitiGroup Inc PAC Mailing Address 1101 Pennsylvania Ave NW Ste 1000 City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C C00008474 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 ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 6 Transaction ID: 60901.C8152 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)
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Full Name (Last, First, Middle Initial) C. Comcast Corporation PAC Mailing Address 1500 Market St City State Zip Code Philadelphia PA 19102-2109 FEC ID number of contributing federal political committee. C C00248716 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 ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Transaction ID: 60929.C8528 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	6500.00
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 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

A. Dealers Election Action Committee Full Name (Last, First, Middle Initial) Mailing Address of the National Automobile Dealers 8400 Westpark Drive City State Zip Code Mc Lean VA 22102 FEC ID number of contributing federal political committee. C C00040998 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 ▼ 10000.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006 Transaction ID: 60929.C8491 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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B. Eastman Kodak Company PAC Full Name (Last, First, Middle Initial) Mailing Address 343 State St City State Zip Code Rochester NY 14650-0001 FEC ID number of contributing federal political committee. C C00297085 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2006 Transaction ID: 60901.C8150 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)
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C. EXXON Mobil Corp PAC Full Name (Last, First, Middle Initial) Mailing Address 5959 Las Colinas Blvd City State Zip Code Irving TX 75039-2298 FEC ID number of contributing federal political committee. C C00121368 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 ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006 Transaction ID: 60929.C8538 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	8000.00
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 12 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Financial Planning Association PAC

Mailing Address 1615 L St NW Ste 650

City Washington State DC Zip Code 20036-5606

FEC ID number of contributing federal political committee. **C** C00370130

Name of Employer Occupation

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
09 / 26 / 2006

Transaction ID: 61006.C8554

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)
FMC Corp Good Government Program

Mailing Address 1101 Pennsylvania Ave., NW Suite 3

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00033704

Name of Employer Occupation

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
08 / 07 / 2006

Transaction ID: 60901.C8153

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)
Friends of Phil Gramm PAC

Mailing Address PO Box 963

City Helotes State TX Zip Code 78023

FEC ID number of contributing federal political committee. **C** C00253971

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: 60718.C8058

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 13 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Zach Wamp

Mailing Address PO Box 24804

City State Zip Code
Chattanooga TN 37422-4804

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: 61006.C8569

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)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave. NW Suite 11

City State Zip Code
Washington DC 20004-2407

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: 60929.C8493

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)
Goodyear Good Government Fund

Mailing Address 1144 E Market St

City State Zip Code
Akron OH 44316-0001

FEC ID number of contributing federal political committee. **C** C00100131

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60929.C8387

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 14 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial) Hallmark PAC Mailing Address 2501 McGee PO Box 419580 City State Zip Code Kansas City MO 64108 FEC ID number of contributing federal political committee. C C00000059 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006 Transaction ID: 60901.C8140 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)
--	--	---

B. Full Name (Last, First, Middle Initial) Jacobs Good Government Fund Mailing Address 413 New Jersey Ave SE City State Zip Code Washington DC 20003-4051 FEC ID number of contributing federal political committee. C C00142299 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 M M / D D / Y Y Y Y Y 09 / 25 / 2006 Transaction ID: 60929.C8492 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)
---	--	---

C. Full Name (Last, First, Middle Initial) JP Morgan Chase & Co PAC Mailing Address 270 Park Avenue City State Zip Code New York NY 10017 FEC ID number of contributing federal political committee. C C00003830 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 ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006 Transaction ID: 60929.C8388 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	2500.00
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 15 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Kansas Farm Bureau Vote FBF Fund

Mailing Address 2627 KFB Plaza

City State Zip Code
Manhattan KS 66502

FEC ID number of contributing federal political committee. **C** C00285783

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: 60901.C8246

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
Kansas Medical Society

Mailing Address 623 SW 10th Ave

City State Zip Code
Topeka KS 66612

FEC ID number of contributing federal political committee. **C** C00000547

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: 60901.C8074

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
KCP&L Power PAC

Mailing Address PO Box 418679

City State Zip Code
Kansas City MO 64141-9679

FEC ID number of contributing federal political committee. **C** C00111310

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: 60901.C8106

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	6000.00
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 16 / 132
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Keep Our Majority PAC

Mailing Address PO Box 20209

City State Zip Code
Alexandria VA 22320

FEC ID number of contributing federal political committee. **C** C00307405

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
07 / 31 / 2006

Transaction ID: 60901.C8139

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)
Mortgage Bankers Association of Amer PAC

Mailing Address 1919 Pennsylvania Avenue NW

City State Zip Code
Washington DC 20006-3438

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: 61006.C8549

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)
Natl Assoc for Uniformed Services -PAC

Mailing Address 5535 Hempstead Way

City State Zip Code
Springfield VA 22151

FEC ID number of contributing federal political committee. **C** C00086348

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: 60901.C8107

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) ▶ **6500.00**

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 17 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial) Natl Assoc for Uniformed Services -PAC Mailing Address 5535 Hempstead Way City Springfield State VA Zip Code 22151 FEC ID number of contributing federal political committee. C C00086348 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 ▼ 4500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Transaction ID: 61006.C8553 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)
--	--	---

B. Full Name (Last, First, Middle Initial) National Association of Wheat Growers Mailing Address Wheat PAC 415 2nd Stree NE City Washington State DC Zip Code 20002 FEC ID number of contributing federal political committee. C C00139964 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 M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Transaction ID: 61006.C8557 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)
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C. Full Name (Last, First, Middle Initial) National Cattlemans Beef Assoc. PAC Mailing Address 9110 E. Nichols Ave City Centennial State CO Zip Code 80112 FEC ID number of contributing federal political committee. C C00028787 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 ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Transaction ID: 60929.C8305 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	2500.00
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 18 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
National Lumber & Building Material

Mailing Address Dealers Association
900 2ns Street, NE, STE 305

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00039214

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: 60929.C8275

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)
National Marine Manufacturers Assoc PAC

Mailing Address 444 N Capital Street NW Suite 645

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00245548

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: 61006.C8555

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)
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** C00003764

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 60901.C8147

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 19 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial) NEW PAC Mailing Address PO Box 7480 City Visalia State CA Zip Code 93290 FEC ID number of contributing federal political committee. C C00398750 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60901.C8109 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	9	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	9	/	2	0	0	6														
1000.00																							

B. Full Name (Last, First, Middle Initial) People for Enterprise, Trade & Economic Mailing Address Growth (PETE PAC) 7804 Evening Ln City Alexandria State VA Zip Code 22306 FEC ID number of contributing federal political committee. C C00363770 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60901.C8100 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	5	/	2	0	0	6	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	5	/	2	0	0	6														
2500.00																							

C. Full Name (Last, First, Middle Initial) People for Enterprise, Trade & Economic Mailing Address Growth (PETE PAC) 7804 Evening Ln City Alexandria State VA Zip Code 22306 FEC ID number of contributing federal political committee. C C00363770 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 ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60929.C8495 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	1	/	2	0	0	6	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	1	/	2	0	0	6														
2500.00																							

SUBTOTAL of Receipts This Page (optional)	6000.00
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 20 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
QC Holdings, Inc. PAC

Mailing Address 9401 Indian Creek Pkwy
Suite 1500

City Overland Park State KS Zip Code 66210

FEC ID number of contributing federal political committee. **C** C00411769

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 60901.C8134

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)
Realtors PAC

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: 60901.C8162

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)
Realtors PAC

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: 60901.C8249

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	4000.00
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 21 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Schwab For US Congress		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address PO Box 2672		Transaction ID: 60901.C8115	
City Olathe	State KS	Zip Code 66063	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Susan B Anthony List Candidate Fund		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006	
Mailing Address 1420 King Street Ste 550		Transaction ID: 61006.C8686	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 1491.53
FEC ID number of contributing federal political committee. C		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6397.97		

Full Name (Last, First, Middle Initial) C. Susan B Anthony List Candidate Fund		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 1420 King Street Ste 550		Transaction ID: 61020.C8959	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 957.20
FEC ID number of contributing federal political committee. C		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 11349.17		

SUBTOTAL of Receipts This Page (optional) ▶	2698.73
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 22 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
The Freedom Project

Mailing Address 509 7th St NW
Third Floor

City Washington State DC Zip Code 20004-1601

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: 60901.C8151

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)
The Freedom Project

Mailing Address 509 7th St NW
Third Floor

City Washington State DC Zip Code 20004-1601

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2006

Transaction ID: 60929.C8536

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Tiahrt for Congress

Mailing Address 2250 N Rock Rd Ste 118A

City Wichita State KS Zip Code 67226-2325

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2006

Transaction ID: 61006.C8558

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **12000.00**

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 23 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. United Parcel Service PAC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 55 Glenlake Pkwy NE		Transaction ID: 60901.C8248
City Atlanta State GA Zip Code 30328	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00064766		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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	

Full Name (Last, First, Middle Initial) B. US Central Credit Union PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address Attn. F.G. Henriquez 9701 Renner Blve., Ste. 100		Transaction ID: 60929.C8539
City Lenexa State KS Zip Code 66219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Earmarked(Receipt) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 6936.25	

Full Name (Last, First, Middle Initial) C. Valero PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address PO Box 696000		Transaction ID: 61006.C8568
City San Antonio State TX Zip Code 78269-6000	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00109546		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 24 / 132	
	(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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
William L Jenkins for Congress

Mailing Address PO Box 640

City State Zip Code
Rogersville TN 37857

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	0	6

Transaction ID: 60901.C8105

Amount of Each Receipt this Period
1000.00

Receipt
 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)	▶	88032.44

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 25 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Jay Armstrong

Mailing Address 4528 Bourbon Rd

City State Zip Code
Muscotah KS 66058

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

Name of Employer Occupation
Armstrong Farm Farmer

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

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 28 / 2006

Transaction ID: 60929.C8315

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Jim Barron

Mailing Address 6930 SW Sweet Grass Ct

City State Zip Code
Topeka KS 66614

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

Name of Employer Occupation
Retired Retired

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

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: 60929.C8265

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Burke Bayer

Mailing Address 736 Crestline Dr.

City State Zip Code
Manhattan KS 66502

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

Name of Employer Occupation
Retired Retired

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

900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: 60929.C8520

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 26 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Gordon T Beaham

Mailing Address 1025 W 8th St

City State Zip Code
Kansas City MO 64101

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

Name of Employer
Faultless Starch

Occupation
Chairman & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 60901.C8131

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)
Fred Berry

Mailing Address Po Box 829

City State Zip Code
Wichita KS 67201

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

Name of Employer
Berry Companies, Inc.

Occupation
Business Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2006

Transaction ID: 60929.C8470

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)
Josh D Bradbury

Mailing Address 26 Shoreline

City State Zip Code
Newport Coast CA 92657-2002

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

Name of Employer
Teaze of California Inc.

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: 60929.C8269

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 27 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Susan B Anthony List Candidate

Mailing Address 1420 King Street Ste 550

City State Zip Code
Alexandria VA 22314

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10311.97

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: CM56260929.C8269

Amount of Each Receipt this Period
250.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Earmarked Memo - Conduit total

B. Full Name (Last, First, Middle Initial)
John Brand

Mailing Address 2031 Quail Cr

City State Zip Code
Lawrence KS 66047

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

Name of Employer Stevens & Bran Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: 60929.C8462

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 4101 SW Marlboro Rd

City State Zip Code
Topeka KS 66610-1525

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

Name of Employer Kansas Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: 60929.C8541

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	300.00
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 28 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Sara Carnahan

Mailing Address 19040 Red Top Rd.

City Wamego State KS Zip Code 66547-9557

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
09 / 27 / 2006

Transaction ID: 60929.C8516

Amount of Each Receipt this Period
25.00

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

B. Full Name (Last, First, Middle Initial)
Anderson Chandler

Mailing Address 2327 Mayfair Place

City Topeka State KS Zip Code 66611-2090

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

Name of Employer The Fidelity Bank Occupation Chairman of the Board

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
09 / 20 / 2006

Transaction ID: 60929.C8444

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
James Clark

Mailing Address 2116 Inverness Dr

City Lawrence State KS Zip Code 66047-1959

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
09 / 19 / 2006

Transaction ID: 60929.C8424

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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 29 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Barton P Cohen

Mailing Address 12617 Briar Dr

City State Zip Code
Leawood KS 66209-3169

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

Name of Employer Occupation
Metcalf Bank Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 60901.C8119

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)
Mack Colt

Mailing Address 3515 W 75th St #107

City State Zip Code
Prairie Villag KS 66207

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

Name of Employer Occupation
Colt Investment Inc Sales

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
07 / 31 / 2006

Transaction ID: 60901.C8136

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Linda Crandall

Mailing Address 3725 SW 34th

City State Zip Code
Topeka KS 66614

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: 60901.C8091

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 30 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Cloud Gray

Mailing Address 20045 - 266th. Rd.

City Atchison State KS Zip Code 66002

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2006

Transaction ID: 60929.C8285

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)
Gary Crocker

Mailing Address 43 Pepper Tree Ln

City Topeka State KS Zip Code 66611-2055

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2006

Transaction ID: 60929.C8417

Amount of Each Receipt this Period
 100.00

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

C. Full Name (Last, First, Middle Initial)
Ivan Crossland

Mailing Address 19 NE 60th St

City Columbus State KS Zip Code 66725

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

Name of Employer Crossland Const Occupation Construction

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2006

Transaction ID: 60929.C8381

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional)	3100.00
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 31 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth L Daniel

Mailing Address 5630 SW Fairlawn Rd

City State Zip Code
Topeka KS 66610

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

Name of Employer Occupation
Midway Wholesale Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: 60929.C8276

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)
Ann Dickinson

Mailing Address 1100 Main St Ste 350

City State Zip Code
Kansas City MO 64105-5114

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

Name of Employer Occupation
Dickinson Financial Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2006

Transaction ID: 60929.C8300

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)
Ann Dickinson

Mailing Address 1100 Main St Ste 350

City State Zip Code
Kansas City MO 64105-5114

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

Name of Employer Occupation
Dickinson Financial Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: 60929.C8380

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 32 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
John C Dicus

Mailing Address 1524 Lakeside Drive

City State Zip Code
Topeka KS 66604-2530

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

Name of Employer Capitol Federal Savings Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: 60929.C8320

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 Dole

Mailing Address 700 New Hampshire Ave, NW

City State Zip Code
Washington DC 20037

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

Name of Employer Alston & Bird Occupation Special Counsel

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: 60901.C8081

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Robert Dole

Mailing Address 700 New Hampshire Ave, NW

City State Zip Code
Washington DC 20037

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

Name of Employer Alston & Bird Occupation Special Counsel

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60929.C8372

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 33 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Mildred Dunn

Mailing Address 2121 Meadowlark Road
Apt 420

City State Zip Code
Manhattan KS 66502

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: 60929.C8343

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Susan B Anthony List Candidate

Mailing Address 1420 King Street Ste 550

City State Zip Code
Alexandria VA 22314

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼ Other

Election Cycle-to-Date ▼ 8620.97

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: CM49460929.C8343

Amount of Each Receipt this Period
500.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Memo - Conduit total

C. Full Name (Last, First, Middle Initial)
Terrence Dunn

Mailing Address 12008 Ensley Lane

City State Zip Code
Leawood KS 66209

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

Name of Employer JE Dunn Construction Co. Occupation Contractor - Pres & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 60901.C8126

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) ► **1000.00**

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 34 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial) Duane Fager		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006	
Mailing Address 3320 Spring Creek Place		Transaction ID: 60929.C8545	
City State Zip Code Topeka KS 66614		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Commerce Bank	Occupation President-Bank		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3250.00		

B. Full Name (Last, First, Middle Initial) Emery Fager		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 1203 SW 29th.		Transaction ID: 60929.C8299	
City State Zip Code Topeka KS 66611		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Commerce Bank	Occupation Banking		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

C. Full Name (Last, First, Middle Initial) Emery Fager		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006	
Mailing Address 1203 SW 29th.		Transaction ID: 60929.C8400	
City State Zip Code Topeka KS 66611		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Commerce Bank	Occupation Banking		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
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 35 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Harriet Furman

Mailing Address 16740 Blue Ridge Pkwy

City State Zip Code
Boone NC 28607

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60929.C8359

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
John Garvey

Mailing Address 300 W Douglas Ste 1050

City State Zip Code
Wichita KS 67202-2911

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

Name of Employer Information Requested Occupation Information Requested

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
09 / 02 / 2006

Transaction ID: 60929.C8376

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John Gillcrist

Mailing Address 9809 W 106th St

City State Zip Code
Overland Park KS 66212

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

Name of Employer Information Requested Occupation Information Requested

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
07 / 31 / 2006

Transaction ID: 60901.C8127

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) ► **950.00**

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 36 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Phoebe Grindal

Mailing Address 7918 SW 19th Terr

City State Zip Code
Topeka KS 66615

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

Name of Employer Professional Education Program
Occupation Meeting Planner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: 60901.C8250

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Eric Haar

Mailing Address 1413 Marilee Dr

City State Zip Code
Lawrence KS 66049-5815

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

Name of Employer Federal Home Loan Bank
Occupation Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 60901.C8166

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Eric Haar

Mailing Address 1413 Marilee Dr

City State Zip Code
Lawrence KS 66049-5815

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

Name of Employer Federal Home Loan Bank
Occupation Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 60929.C8357

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 37 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Donald J Hall, Jr

Mailing Address 5930 Overhill Rd

City Mssion Hills State KS Zip Code 66208

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

Name of Employer Hallmark Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: 60901.C8085

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)
James Hebenstreit

Mailing Address 1016 W 58th St

City Kansas City State MO Zip Code 64113-1133

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

Name of Employer Bartlet & Co Occupation President

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
07 / 31 / 2006

Transaction ID: 60901.C8128

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)
Justin D Hill

Mailing Address 735 Broadview Dr

City Lawrence State KS Zip Code 66044

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

Name of Employer Lawrence Paper Co Occupation Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: 60929.C8441

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) ► 2000.00

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 38 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Conrad Hock, Jr.

Mailing Address 13301 W 99th St

City Lenexa State KS Zip Code 66215

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

Name of Employer Williams Foods Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 60901.C8135

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 Hodgdon

Mailing Address 21405 West 73rd Terrace

City Shawnee State KS Zip Code 66218

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

Name of Employer Hodgdon Powder Co. Inc. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2006

Transaction ID: 60929.C8433

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)
Don F Hogue

Mailing Address 10981 S Fairlawn Rd

City Wakarusa State KS Zip Code 66546

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: 60929.C8329

Amount of Each Receipt this Period
35.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2035.00
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 39 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Rex B. Hoy

Mailing Address 4812 Johnson Dr

City Mission State KS Zip Code 66205-2901

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 60901.C8137

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)
Steve Huebert

Mailing Address PO Box 849

City Chanute State KS Zip Code 66720

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

Name of Employer Self Occupation Pilot

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2006

Transaction ID: 60929.C8530

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)
Ella Mae Julian

Mailing Address 1737 S Rd F

City Johnson State KS Zip Code 67855

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

Name of Employer Self Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2006

Transaction ID: 60929.C8546

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 40 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Barbara Kasler

Mailing Address 19169 Strathcona Dr

City State Zip Code
Detroit MI 48203

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

Name of Employer Information Requested Occupation Information Requested

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
09 / 05 / 2006

Transaction ID: 60929.C8369

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Susan B Anthony List Candidate

Mailing Address 1420 King Street Ste 550

City State Zip Code
Alexandria VA 22314

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼
Other

Election Cycle-to-Date ▼
10020.97

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: CM58460929.C8369

Amount of Each Receipt this Period
1000.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Memo - Conduit total

C. Full Name (Last, First, Middle Initial)
Benny Lee

Mailing Address 6300 Ward Pkwy

City State Zip Code
Kansas City MO 64113-1521

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

Name of Employer Information Requested Occupation Information Requested

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
07 / 31 / 2006

Transaction ID: 60901.C8123

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) ► **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: <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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Jim Ryun for Congress

<p>A. Full Name (Last, First, Middle Initial) Cecelia Leininger</p> <p>Mailing Address 8122 Datapoint Dr #1000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Homemaker Occupation Homemaker</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006</p> <p>Transaction ID: 60901.C8096</p> <p>Amount of Each Receipt this Period 2100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) James Leininger</p> <p>Mailing Address 8122 Datapoint Dr. #1000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Knetic Concepts Inc Occupation Owner</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006</p> <p>Transaction ID: 60901.C8095</p> <p>Amount of Each Receipt this Period 2100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Gregg P. Lewis</p> <p>Mailing Address 1640 Oak Dr</p> <p>City Osawatomie State KS Zip Code 66064</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer First Option Bank Occupation Banker</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006</p> <p>Transaction ID: 60929.C8374</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4450.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 42 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Clarence Lieber

Mailing Address 3634 S 215th West

City State Zip Code
Goddard KS 67052

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

Name of Employer Self Occupation Wholesaler

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

4100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: 60929.C8261

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Juanita Lieber

Mailing Address 3634 S 215th West

City State Zip Code
Goddard KS 67052

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

Name of Employer Washer Specialties Co Occupation Sec/Tres

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

2100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: 60929.C8547

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Jerry X Mack

Mailing Address 1800 Stokes St, #115

City State Zip Code
San Jose CA 95126

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

Name of Employer Information Requested Occupation Engineer

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

200.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: 60901.C8232

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4400.00**

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 43 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Susan B Anthony List Candidate

Mailing Address 1420 King Street Ste 550

City State Zip Code
Alexandria VA 22314

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7819.97

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: CM55260901.C8232

Amount of Each Receipt this Period
200.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Earmarked Memo - Conduit total

B. Full Name (Last, First, Middle Initial)
Dennis Marten

Mailing Address 2220 Kelly Lane

City State Zip Code
Independence KS 67301

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

Name of Employer Information Requested Occupation Information Requested
Zion Lutheran Church & School Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: 60929.C8279

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Louis S McAnany

Mailing Address 31780 Beaver Creek Rd

City State Zip Code
Paola KS 66071

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

Name of Employer Information Requested Occupation Information Requested
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60929.C8360

Amount of Each Receipt this Period
50.00

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) ▶

**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 44 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Carl L. McCaffree

Mailing Address 11525 Juniper Dr

City State Zip Code
Leawood KS 66211-1794

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

Name of Employer Occupation
Columbian Financial Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 60901.C8129

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)
William Mcneive

Mailing Address 125 Woodlawn

City State Zip Code
Topeka KS 66606

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2006

Transaction ID: 60929.C8326

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Jenny J Melookaran

Mailing Address 9727 W 145th Terr

City State Zip Code
Overland Park KS 66221-2544

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 60901.C8116

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)	▶	1600.00
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 45 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Fred Merrill

Mailing Address 6649 Wenonga Road

City State Zip Code
Mssion Hills KS 66208

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

Name of Employer
Cereal Food Processors, Inc.

Occupation
Flour Miller

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: 60929.C8517

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 Moore

Mailing Address 1441 Wakarusa Dr, STE 200

City State Zip Code
Lawrence KS 66049

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

Name of Employer
Self

Occupation
Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60929.C8423

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)
William P. Moore

Mailing Address 10801 Mastin St Ste 920

City State Zip Code
Overland Park KS 66210-1673

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

Name of Employer
Continental Coal

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 60901.C8130

Amount of Each Receipt this Period
1000.00

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 46 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
William P. Moore

Mailing Address 10801 Mastin St Ste 920

City State Zip Code
Overland Park KS 66210-1673

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

Name of Employer Occupation
Continental Coal Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: 60929.C8502

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)
George W Morris Jr

Mailing Address 2340 Guilford Ln

City State Zip Code
Shawnee Mission KS 66208

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

Name of Employer Occupation
Country Club Bank Banker

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
07 / 31 / 2006

Transaction ID: 60901.C8118

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)
Lloyd Muilenburg

Mailing Address 1209 SW 29th St #202

City State Zip Code
Topeka KS 66611-1203

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

Name of Employer Occupation
Retired Retired Chapla

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: 60929.C8472

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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 47 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Nadvornik

Mailing Address 3021 Rimrock Dr

City State Zip Code
Lawrence KS 66047-2716

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

Name of Employer
H.R. Hamm Contractor, Inc.

Occupation
Civil Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2006

Transaction ID: 60929.C8525

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
William Nolting

Mailing Address 5635 SE Berryton Rd.

City State Zip Code
Berryton KS 66409

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

Name of Employer
Retired

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: 60929.C8295

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Carol Osborne

Mailing Address 11399 Kirtner Lane

City State Zip Code
St. George KS 66535

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

Name of Employer
Retired

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: 60929.C8473

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	300.00
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 48 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
John D. Petersen

Mailing Address 6201 College Blvd., #500

City Overland Park State KS Zip Code 66211

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2006

Transaction ID: 60929.C8527

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)
Philip Phar

Mailing Address 1385 KS Hwy 177

City Council Grove State KS Zip Code 66846

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

Name of Employer Phar, Inc. Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2006

Transaction ID: 60929.C8328

Amount of Each Receipt this Period
 200.00

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

C. Full Name (Last, First, Middle Initial)
Jennifer Paine Platt

Mailing Address 302 E Howell Ave

City Alexandria State VA Zip Code 22301

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2006

Transaction ID: 60901.C8082

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)	▶	1450.00
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 49 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Bill Pollock

Mailing Address 304 W 9th St

City State Zip Code
Fort Scott KS 66701

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

Name of Employer Key Industries Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: 60929.C8277

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)
Nicholas Powell

Mailing Address 6549 Wenonga Rd

City State Zip Code
Mssion Hills KS 66208

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

Name of Employer Colt Energy, I Occupation Executive

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
07 / 31 / 2006

Transaction ID: 60901.C8141

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)
Suresh Ramamurthi

Mailing Address Information Requested

City State Zip Code
Topeka KS 66601

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

Name of Employer BC Capital Occupation Venture Capitalist

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
07 / 31 / 2006

Transaction ID: 60901.C8121

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 50 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Richard Rossman

Mailing Address Po Box 582

City Olathe State KS Zip Code 66051

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

Name of Employer Self Occupation Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 60901.C8113

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Frank Sabatini

Mailing Address 2423 SE 37th St

City Topeka State KS Zip Code 66605-2310

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

Name of Employer Capital City Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2006

Transaction ID: 60929.C8304

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Hector Salvatierra

Mailing Address 11 W Medlock Drive

City Phoenix State AZ Zip Code 85013-2044

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2006

Transaction ID: 60901.C8088

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	400.00
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 51 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Susan B Anthony List Candidate

Mailing Address 1420 King Street Ste 550

City Alexandria State VA Zip Code 22314

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) Other 4901.44

Date of Receipt
MM / DD / YYYY
07 / 22 / 2006

Transaction ID: CM51160901.C8088

Amount of Each Receipt this Period
200.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Earmarked Memo - Conduit total

B. Full Name (Last, First, Middle Initial)
Glen E Scott

Mailing Address 5841 NW 35TH

City Topeka State KS Zip Code 66618

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) Other 200.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 60901.C8247

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Glen E Scott

Mailing Address 5841 NW 35TH

City Topeka State KS Zip Code 66618

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) Other 400.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2006

Transaction ID: 60929.C8542

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	400.00
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 52 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Karen Seaberg

Mailing Address Potato Hill, 20073 266th Rd

City Atchison State KS Zip Code 66002

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

Name of Employer Travel Center of Atchison Occupation Travel Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2006

Transaction ID: 60929.C8302

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
Ladd Seaberg

Mailing Address Potato Hill, 20073 266th Rd

City Atchison State KS Zip Code 66002

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

Name of Employer Midwest Grain Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2006

Transaction ID: 60929.C8301

Amount of Each Receipt this Period
 2000.00

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

C. Full Name (Last, First, Middle Initial)
David Shepherd

Mailing Address 1602 Old Campbell Park Lane

City Ft Scott State KS Zip Code 66701

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

Name of Employer Shepherd Team Occupation Automobile Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 28 / 2006

Transaction ID: 60929.C8311

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4100.00**

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 53 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial) Debra Simon		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address PO Box 67685		Transaction ID: 60929.C8283	
City State Zip Code Topeka KS 66667		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Contractor Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ronald D Smeltzer		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2748 SE\W Lagito Dr		Transaction ID: 60929.C8540	
City State Zip Code Topeka KS 66614		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kansas Super Chief Credit Unio Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Exec. Vice President Election Cycle-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) David Sorrick		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 1218 E 540th Ave		Transaction ID: 60929.C8544	
City State Zip Code Pittsburg KS 66762		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Skill Resource Center Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Director of Development Election Cycle-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	650.00
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 54 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Phillip L Stevens

Mailing Address P.o. Box 319

City State Zip Code
Tonganoxie KS 66086

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

Name of Employer Self Occupation
Medical Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60929.C8361

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Marjorie Strayer

Mailing Address 45 Carriage House Circle Rd

City State Zip Code
Alexandria VA 22304

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

Name of Employer Information Requested Occupation
Information Requested

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
09 / 29 / 2006

Transaction ID: 61006.C8680

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
J P Sunderland

Mailing Address 11411 El Monte Ct

City State Zip Code
Leawood KS 66211

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

Name of Employer Retired Occupation
Retired

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
07 / 31 / 2006

Transaction ID: 60901.C8117

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)	▶	1100.00
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 55 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Clara Taylor

Mailing Address 542 Orange Drive #11

City State Zip Code
Altamonte Spri FL 32701

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 28 / 2006

Transaction ID: 60929.C8313

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Patricia Timmons

Mailing Address 2006 Kasold Rd

City State Zip Code
Lawrence KS 66047-2102

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

Name of Employer Retired Occupation Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: 60929.C8274

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)
Robert Timmons

Mailing Address 2006 Kasold Rd

City State Zip Code
Lawrence KS 66047-2102

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

Name of Employer Retired Occupation Teacher - Coach

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: 60929.C8273

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3200.00**

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 56 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Mary Tollefson

Mailing Address Po Box 268

City State Zip Code
Lecompton KS 66050

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

Name of Employer Occupation
A G Tollefson Co, Inc Office Consultant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: 60901.C8093

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)
Thomas W Van Dyke

Mailing Address 11501 High Drive

City State Zip Code
Leawood KS 66211-3082

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

Name of Employer Occupation
Bryan Cave Attorney

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
07 / 31 / 2006

Transaction ID: 60901.C8125

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)
Gail E. Vick

Mailing Address 4704 Cherry Hills Ct.

City State Zip Code
Lawrence KS 66047

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

Name of Employer Occupation
Coffeyville Resources Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: 60718.C8057

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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 57 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
John C. Waters

Mailing Address 5033 Lewis

City State Zip Code
Shawnee Mission KS 66227

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

Name of Employer Occupation
M & I Bank/ Self Employed Banker/Developer

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

250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 60901.C8132

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)
Mark Weddle

Mailing Address 1011 Poyntz Ave

City State Zip Code
Manhattan KS 66502

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

Name of Employer Occupation
Keating and As Financial Planner

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

200.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: 60929.C8258

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Richard Welch

Mailing Address 216 Headwaters Rd

City State Zip Code
Fredericksburg TX 78624

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

Name of Employer Occupation
MCM/Headquarter Ranch Business Manager

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

2400.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: 60718.C8053

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional)	850.00
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 58 / 132
	<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Richard Welch

Mailing Address 216 Headwaters Rd

City State Zip Code
Fredericksburg TX 78624

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

Name of Employer Occupation
MCMI/Headquarter Ranch Business Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: 60718.C8052

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Cheryl L White

Mailing Address 6502 N Salem Rd

City State Zip Code
Nickerson KS 67561

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

Name of Employer Occupation
Self Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2006

Transaction ID: 60929.C8501

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
H Dale Willey

Mailing Address 1541 El Dorado Dr

City State Zip Code
Lawrence KS 66047

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

Name of Employer Occupation
Dale Willey Automotive Automobile Dealer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: 60929.C8257

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) ► **800.00**

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 59 / 132
	(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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Carolyn A Wojakowski

Mailing Address 6043 SW Urish Rd

City Topeka	State KS	Zip Code 66610-9160
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.
C

Name of Employer Topeka Public	Occupation Teacher
-----------------------------------	-----------------------

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	6

Transaction ID: 60929.C8293

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	54385.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Brown County Central Committee

Mailing Address Republican Party
1647 Goldfinch Rd

City Powhattan State KS Zip Code 66527

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2006

Transaction ID: 60911.C8255

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Crawford County Republican Central Comm

Mailing Address 734 W 47 Hwy

City Girard State KS Zip Code 66743-2340

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: 60929.C8379

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Nat'l Republican Congressional Comm.

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4421.20

Date of Receipt
MM / DD / YYYY
07 / 20 / 2006

Transaction ID: 60929.C8457

Amount of Each Receipt this Period
98.00

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

Blast Fax

SUBTOTAL of Receipts This Page (optional)	448.00
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 61 / 132
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" 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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Natl Republican Congressional Comm.

Mailing Address 320 First Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4519.20

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2006

Transaction ID: 60929.C8456

Amount of Each Receipt this Period
98.00

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

Blast Fax

B. Full Name (Last, First, Middle Initial)
Shawnee County Womens Republican Club

Mailing Address 2025 SW Gage Blvd

City State Zip Code
Topeka KS 66604-3339

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 60929.C8478

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	198.00
TOTAL This Period (last page this line number only)	▶	646.00

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 62 / 132
	<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60901.C8173
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 345.01	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5611.56	

Full Name (Last, First, Middle Initial) B. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60901.C8172
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 359.08	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5970.64	

Full Name (Last, First, Middle Initial) C. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60901.C8177
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 413.31	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6383.95	

SUBTOTAL of Receipts This Page (optional) ▶	1117.40
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 63 / 132
	<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60901.C8183
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 359.04	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6742.99	

Full Name (Last, First, Middle Initial) B. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60929.C8454
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 360.37	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7103.36	

Full Name (Last, First, Middle Initial) C. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60929.C8452
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 357.80	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7461.16	

SUBTOTAL of Receipts This Page (optional) ▶	1077.21
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 64 / 132
	<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60929.C8450
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 236.86	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 7698.02	

Full Name (Last, First, Middle Initial) B. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60929.C8453
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 76.87	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 7774.89	

Full Name (Last, First, Middle Initial) C. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 60929.C8451
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 192.87	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 7967.76	

SUBTOTAL of Receipts This Page (optional) ▶	506.60
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 65 / 132
	<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 61006.C8683
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 361.66	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 8329.42	

Full Name (Last, First, Middle Initial) B. Commerce Bank & Trust		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Transaction ID: 61006.C8687
City Topeka State KS Zip Code 66611-	Amount of Each Receipt this Period 482.31	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8811.73	

Full Name (Last, First, Middle Initial) C. Heritage Bank		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 3024 SW Wanamaker		Transaction ID: 60901.C8174
City Topeka State KS Zip Code 66667-	Amount of Each Receipt this Period 308.92	
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2946.33	

SUBTOTAL of Receipts This Page (optional)	1152.89
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 66 / 132
	(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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial)
Heritage Bank

Mailing Address 3024 SW Wanamaker

City State Zip Code
Topeka KS 66667-

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3256.28

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2006

Transaction ID: 60929.C8455

Amount of Each Receipt this Period
309.95

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

B. Full Name (Last, First, Middle Initial)
Heritage Bank

Mailing Address 3024 SW Wanamaker

City State Zip Code
Topeka KS 66667-

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3557.21

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: 61006.C8691

Amount of Each Receipt this Period
300.93

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

SUBTOTAL of Receipts This Page (optional)	610.88
TOTAL This Period (last page this line number only)	4464.98

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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Americas Community Bankers COMPAC		Transaction ID: 60929.C8459IK Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 900 19th Street, NW, Suite 400		Amount of Each Disbursement this Period 83.71
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Candidate Name	Category/Type	IN KIND:
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. AT&T		Transaction ID: 60718.E4312 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 930170		Amount of Each Disbursement this Period 77.44
City Dallas State TX Zip Code 75393-0170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN PHONE Candidate Name	Category/Type	CAMPAIGN PHONE
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. AT&T		Transaction ID: 60901.E4391 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address PO Box 930170		Amount of Each Disbursement this Period 101.91
City Dallas State TX Zip Code 75393-0170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN PHONE Candidate Name	Category/Type	CAMPAIGN PHONE
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) ▶	263.06
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 60929.E4496 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 930170		Amount of Each Disbursement this Period 102.65	
City Dallas State TX Zip Code 75393-0170	Purpose of Disbursement CAMPAIGN PHONE	Category/ Type	<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) ▼	CAMPAIGN PHONE	

Full Name (Last, First, Middle Initial) B. Jeffrey Black		Transaction ID: 60901.E4373 Date of Disbursement 07 / 24 / 2006	
Mailing Address 428 Hutton Cir		Amount of Each Disbursement this Period 245.21	
City Lawrence State KS Zip Code 66049-4845	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type	<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) ▼	MILEAGE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) C. Jeffrey Black		Transaction ID: 60901.E4396 Date of Disbursement 08 / 04 / 2006	
Mailing Address 428 Hutton Cir		Amount of Each Disbursement this Period 160.77	
City Lawrence State KS Zip Code 66049-4845	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type	<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) ▼	MILEAGE REIMBURSEMENT	

SUBTOTAL of Disbursements This Page (optional) ▶	508.63
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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial) Jeffrey Black		Transaction ID: 60929.E4519 Date of Disbursement MM / DD / YYYY 08 / 17 / 2006	
Mailing Address 428 Hutton Cir		Amount of Each Disbursement this Period 231.40	
City Lawrence State KS Zip Code 66049-4845	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PAYROLL	
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) ▼		

B. Full Name (Last, First, Middle Initial) Jeffrey Black		Transaction ID: 60929.E4522 Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
Mailing Address 428 Hutton Cir		Amount of Each Disbursement this Period 524.78	
City Lawrence State KS Zip Code 66049-4845	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PAYROLL	
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) ▼		

C. Full Name (Last, First, Middle Initial) Jeffrey Black		Transaction ID: 60929.E4504 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
Mailing Address 428 Hutton Cir		Amount of Each Disbursement this Period 338.37	
City Lawrence State KS Zip Code 66049-4845	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SEE BELOW	
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) ▶	1094.55
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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial) Jeffrey Black		Transaction ID: 60929.E4505 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
Mailing Address 428 Hutton Cir		Amount of Each Disbursement this Period 319.87	
City Lawrence State KS Zip Code 66049-4845	Purpose of Disbursement MILEAGE REIMBURSEMENT 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 [MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT	

B. Full Name (Last, First, Middle Initial) Jeffrey Black		Transaction ID: 60929.E4507 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006	
Mailing Address 428 Hutton Cir		Amount of Each Disbursement this Period 11.24	
City Lawrence State KS Zip Code 66049-4845	Purpose of Disbursement CAMPAIGN MEAL 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 [MEMO ITEM] MEMO: CAMPAIGN MEAL	

C. Full Name (Last, First, Middle Initial) Jeffrey Black		Transaction ID: 60929.E4541 Date of Disbursement MM / DD / YYYY 09 / 14 / 2006	
Mailing Address 428 Hutton Cir		Amount of Each Disbursement this Period 524.79	
City Lawrence State KS Zip Code 66049-4845	Purpose of Disbursement PAYROLL 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 PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	524.79
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)
Jim Ryun for Congress

A. Jeffrey Black Full Name (Last, First, Middle Initial) Mailing Address 428 Hutton Cir City Lawrence State KS Zip Code 66049-4845 Purpose of Disbursement PAYROLL 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) ▼		Transaction ID: 60929.E4546 Date of Disbursement 09 / 28 / 2006 Amount of Each Disbursement this Period 524.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
---	--	--

B. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address 2321 N University City Lubbock State TX Zip Code 79415- Purpose of Disbursement CAMPAIGN PHONE 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) ▼		Transaction ID: 60718.E4327 Date of Disbursement 07 / 14 / 2006 Amount of Each Disbursement this Period 189.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN PHONE
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C. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address 2321 N University City Lubbock State TX Zip Code 79415- Purpose of Disbursement CAMPAIGN PHONE 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) ▼		Transaction ID: 60929.E4486 Date of Disbursement 08 / 21 / 2006 Amount of Each Disbursement this Period 174.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN PHONE
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SUBTOTAL of Disbursements This Page (optional) ▶	888.68
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60929.E4513 Date of Disbursement 09 / 20 / 2006
Mailing Address 2321 N University		Amount of Each Disbursement this Period 388.20
City Lubbock	State TX Zip Code 79415-	
Purpose of Disbursement CAMPAIGN PHONE		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN PHONE
State: District:		

Full Name (Last, First, Middle Initial) B. Commerce Bank & Trust		Transaction ID: 60901.E4446 Date of Disbursement 07 / 21 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 15.40
City Topeka	State KS Zip Code 66611-	
Purpose of Disbursement FUTA		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUTA
State: District:		

Full Name (Last, First, Middle Initial) C. Commerce Bank & Trust		Transaction ID: 60901.E4383 Date of Disbursement 07 / 26 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 203.00
City Topeka	State KS Zip Code 66611-	
Purpose of Disbursement FED W/H & FICA		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FED W/H & FICA
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	606.60
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Transaction ID: 60901.E4431 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 37.72
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Candidate Name	BANK FEES
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. Commerce Bank & Trust		Transaction ID: 60901.E4432 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 5.65
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Candidate Name	BANK FEES
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. Commerce Bank & Trust		Transaction ID: 60929.E4525 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 3760.12
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL W/H & FICA	Candidate Name	FEDERAL W/H & FICA
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) ▶	3803.49
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Transaction ID: 60901.E4392 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 2368.79
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
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. Amazon.com		Transaction ID: 60901.E4426 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 2654 N Highway 169		Amount of Each Disbursement this Period 326.17
City Coffeyville State KS Zip Code 67337-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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. Avis Rent a Car		Transaction ID: 60901.E4422 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 5500 44th St. SE		Amount of Each Disbursement this Period 275.03
City Grand Rapids State MI Zip Code 49508-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR RENTAL	Candidate Name	[MEMO ITEM] MEMO: CAR RENTAL
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) ▶	2368.79
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)
Jim Ryun for Congress

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140</p>		<p>Transaction ID: 60901.E4429 Date of Disbursement 08 / 07 / 2006</p>
<p>City Memphis State TN Zip Code 38101-</p>	<p>Purpose of Disbursement SHIPPING</p>	<p>Amount of Each Disbursement this Period 13.71</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING</p>

<p>B. Taco Bell</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1560 SW Wanamaker Rd</p>		<p>Transaction ID: 60901.E4428 Date of Disbursement 08 / 07 / 2006</p>
<p>City Topeka State KS Zip Code 66604-</p>	<p>Purpose of Disbursement CAMPAIGN MEAL</p>	<p>Amount of Each Disbursement this Period 9.99</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL</p>

<p>C. United Airlines</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 66100</p>		<p>Transaction ID: 60901.E4425 Date of Disbursement 08 / 07 / 2006</p>
<p>City Amf Ohare State IL Zip Code 60666-</p>	<p>Purpose of Disbursement CAMPAIGN TRAVEL</p>	<p>Amount of Each Disbursement this Period 363.60</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN TRAVEL</p>

<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)
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 60901.E4424 Date of Disbursement 08 / 07 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 711.20
City Amf Ohare State IL Zip Code 60666-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN TRAVEL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN TRAVEL
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 Airlines		Transaction ID: 60901.E4423 Date of Disbursement 08 / 07 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 385.69
City Amf Ohare State IL Zip Code 60666-	<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. Wal-Mart		Transaction ID: 60901.E4420 Date of Disbursement 08 / 07 / 2006
Mailing Address US Hwy 75		Amount of Each Disbursement this Period 205.68
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CANDY OF 4TH OF JULY PARADE	Candidate Name	[MEMO ITEM] MEMO: CANDY OF 4TH OF JULY PARADE
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)

<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Transaction ID: 60929.E4526 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 101.60
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FED W/H & FICA	Candidate Name	FED W/H & FICA
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. Commerce Bank & Trust		Transaction ID: 60929.E4527 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 358.24
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FED W/H & FICA	Candidate Name	FED W/H & FICA
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. Commerce Bank & Trust		Transaction ID: 60929.E4532 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 0.66
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Candidate Name	BANK FEES
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) ▶	460.50
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Transaction ID: 60929.E4531 Date of Disbursement 08 / 31 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 43.98
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Candidate Name	BANK FEES
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. Commerce Bank & Trust		Transaction ID: 61006.E4570 Date of Disbursement 09 / 05 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 2799.85
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
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. Amoco		Transaction ID: 61006.E4573 Date of Disbursement 09 / 05 / 2006
Mailing Address 3000 Iowa St		Amount of Each Disbursement this Period 60.18
City Lawrence State KS Zip Code 66049-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN FUEL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN FUEL
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) ▶	2843.83
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Amway Grad Plaza Hotel		Transaction ID: 61006.E4578 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 187 Monroe Ave NW		Amount of Each Disbursement this Period 772.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49503-2621	Purpose of Disbursement HOTEL FOR MICHIGAN FUNDRAISING 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: HOTEL FOR MICHIGAN FUNDRAISING

Full Name (Last, First, Middle Initial) B. Avis Rent a Car		Transaction ID: 61006.E4579 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 5500 44th St. SE		Amount of Each Disbursement this Period 44.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Rapids State MI Zip Code 49508-	Purpose of Disbursement CAR RENTAL IN MICHIGAN 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: CAR RENTAL IN MICHIGAN

Full Name (Last, First, Middle Initial) C. Comfort Inn		Transaction ID: 61006.E4592 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 2520 Stirling road		Amount of Each Disbursement this Period 69.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hollywood State FL Zip Code 33020-	Purpose of Disbursement HOTEL IN PITTSBURG 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: HOTEL IN PITTSBURG

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)

<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Egypt Valley Country Club		Transaction ID: 61006.E4575 Date of Disbursement 09 / 05 / 2006	
Mailing Address 7333 Knapp St NE		Amount of Each Disbursement this Period 608.00	
City Ada State MI Zip Code 49301-9513	Purpose of Disbursement GOLF FUNDRAISER	<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: GOLF FUNDRAISER	

Full Name (Last, First, Middle Initial) B. Egypt Valley Country Club		Transaction ID: 61006.E4576 Date of Disbursement 09 / 05 / 2006	
Mailing Address 7333 Knapp St NE		Amount of Each Disbursement this Period 56.29	
City Ada State MI Zip Code 49301-9513	Purpose of Disbursement DONOR MEAL	<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: DONOR MEAL	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 61006.E4582 Date of Disbursement 09 / 05 / 2006	
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 20.12	
City Memphis State TN Zip Code 38101-	Purpose of Disbursement SHIPPING	<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: SHIPPING	

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)
Jim Ryun for Congress

<p>A. McDonalds</p> <p>Full Name (Last, First, Middle Initial) McDonalds</p> <p>Mailing Address 2001 N Topeka</p> <p>City Topeka State KS Zip Code 66608-</p> <p>Purpose of Disbursement CAMPAIGN TRAVEL MEAL</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: 61006.E4581</p> <p>Date of Disbursement 09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 7.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CAMPAIGN TRAVEL MEAL</p>
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<p>B. Perrigo Printing</p> <p>Full Name (Last, First, Middle Initial) Perrigo Printing</p> <p>Mailing Address 125 Ottawa Ave NW</p> <p>City Grand Rapids State MI Zip Code 49503-2837</p> <p>Purpose of Disbursement INVITATIONS</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: 61006.E4571</p> <p>Date of Disbursement 09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 362.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: INVITATIONS</p>
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<p>C. Subway</p> <p>Full Name (Last, First, Middle Initial) Subway</p> <p>Mailing Address 406 1st Street Se</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CAMPAIGN TRAVEL 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: 61006.E4584</p> <p>Date of Disbursement 09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 11.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CAMPAIGN TRAVEL MEALS</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)
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. University Club		Transaction ID: 61006.E4574 Date of Disbursement 09 / 05 / 2006
Mailing Address 1135 Sixteenth Street		Amount of Each Disbursement this Period 452.22
City Washington State DC Zip Code 20036-4801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MICHIGAN EVENT FOOD	Candidate Name	[MEMO ITEM] MEMO: MICHIGAN EVENT FOOD
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. Wendys		Transaction ID: 61006.E4589 Date of Disbursement 09 / 05 / 2006
Mailing Address 1820 SW Wanamaker Rd		Amount of Each Disbursement this Period 6.10
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN TRAVEL MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN TRAVEL MEAL
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. Commerce Bank & Trust		Transaction ID: 60929.E4538 Date of Disbursement 09 / 14 / 2006
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 261.14
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FED W/H & FICA	Candidate Name	FED W/H & FICA
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) ▶	261.14
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank & Trust		Transaction ID: 60929.E4544 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 440.92
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FED W/H & FICA	Category/ Type	FED W/H & FICA
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Commerce Bank & Trust		Transaction ID: 60929.E4537 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 203.00
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FED W/H & FICA	Category/ Type	FED W/H & FICA
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Commerce Bank & Trust		Transaction ID: 61006.E4622 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address PO Box 5049 3035 S Topeka		Amount of Each Disbursement this Period 30.89
City Topeka State KS Zip Code 66611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Category/ Type	BANK FEES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	674.81
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: 60901.E4395 Date of Disbursement MM / DD / YYYY 08 / 07 / 2006
Mailing Address PO Box 22142		Amount of Each Disbursement this Period 237.80
City Tulsa State OK Zip Code 74121-2142	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE TV & INTERNET CABLE	Candidate Name	TELEPHONE TV & INTERNET CABLE
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. Cox Communications		Transaction ID: 60929.E4492 Date of Disbursement MM / DD / YYYY 08 / 21 / 2006
Mailing Address PO Box 22142		Amount of Each Disbursement this Period 240.64
City Tulsa State OK Zip Code 74121-2142	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE TV & INTERNET CABLE	Candidate Name	TELEPHONE TV & INTERNET CABLE
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. Cox Communications		Transaction ID: 60929.E4516 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address PO Box 22142		Amount of Each Disbursement this Period 286.92
City Tulsa State OK Zip Code 74121-2142	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE TV & INTERNET CABLE	Candidate Name	TELEPHONE TV & INTERNET CABLE
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) ▶	765.36
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Dublin Group		Transaction ID: 60901.E4374 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 6800 W 107th St Ste 100		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 Overland Park State KS Zip Code 66212-1830	RETAINER FOR JULY 31 KC EVENT RETAINER FOR JULY 31 KC EVENT	
Purpose of Disbursement RETAINER FOR JULY 31 KC EVENT		Category/ Type
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. Eighth & Jackson Investment Group, II		Transaction ID: 60929.E4501 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 201 S Kansas		Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66603-	PARKING CARD DEPOSIT	
Purpose of Disbursement PARKING CARD DEPOSIT		Category/ Type
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. Federal Express		Transaction ID: 60929.E4484 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 61.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-	SHIPPING	
Purpose of Disbursement SHIPPING		Category/ Type
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) ▶	1076.17
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Friends of Brownback		Transaction ID: 60929.E4551 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 2008		Amount of Each Disbursement this Period 1770.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66601-2008	Category/Type	
Purpose of Disbursement RENTAL OF MAILING LIST Candidate Name		RENTAL OF MAILING LIST
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. FryeAllen Inc		Transaction ID: 60929.E4498 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 3310 SW Harrison		Amount of Each Disbursement this Period 25130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66611-	Category/Type	
Purpose of Disbursement ADVERTISING Candidate Name		ADVERTISING
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. FryeAllen Inc		Transaction ID: 60929.E4499 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 3310 SW Harrison		Amount of Each Disbursement this Period 33680.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66611-	Category/Type	
Purpose of Disbursement ADVERTISING Candidate Name		ADVERTISING
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) ▶	60580.26
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)

<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)
Jim Ryun for Congress

A. FryeAllen Inc Full Name (Last, First, Middle Initial) Mailing Address 3310 SW Harrison City Topeka State KS Zip Code 66611-		Transaction ID: 60929.E4533 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 39035.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
Purpose of Disbursement ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Category/Type ADVERTISING

B. Ryan Gilliland Full Name (Last, First, Middle Initial) Mailing Address 2049 SW Regency Parkway Dr City Topeka State KS Zip Code 66604-4400		Transaction ID: 60901.E4371 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 44.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEASE REIMBURSEMENT
Purpose of Disbursement MILEASE REIMBURSEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Category/Type MILEASE REIMBURSEMENT

C. Ryan Gilliland Full Name (Last, First, Middle Initial) Mailing Address 2049 SW Regency Parkway Dr City Topeka State KS Zip Code 66604-4400		Transaction ID: 60929.E4520 Date of Disbursement 08 / 17 / 2006 Amount of Each Disbursement this Period 150.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Category/Type PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

39230.61

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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Ryan Gilliland		Transaction ID: 60929.E4474 Date of Disbursement 08 / 21 / 2006	
Mailing Address 2049 SW Regency Parkway Dr		Amount of Each Disbursement this Period 42.72	
City Topeka State KS Zip Code 66604-4400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type <input type="checkbox"/> MILEAGE REIMBURSEMENT		
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. Ryan Gilliland		Transaction ID: 60929.E4521 Date of Disbursement 08 / 31 / 2006	
Mailing Address 2049 SW Regency Parkway Dr		Amount of Each Disbursement this Period 302.67	
City Topeka State KS Zip Code 66604-4400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement PAYROLL	Category/Type <input type="checkbox"/> PAYROLL		
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. Ryan Gilliland		Transaction ID: 60929.E4475 Date of Disbursement 09 / 05 / 2006	
Mailing Address 2049 SW Regency Parkway Dr		Amount of Each Disbursement this Period 267.41	
City Topeka State KS Zip Code 66604-4400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement SEE BELOW	Category/Type <input type="checkbox"/> SEE BELOW		
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) ▶	612.80
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 60929.E4485 Date of Disbursement 09 / 05 / 2006	
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 102.06	
City Memphis State TN Zip Code 38101-	Purpose of Disbursement COPIES FOR LEAVENWORTH MAILIERS	<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: COPIES FOR LEAVENWORTH MAILIERS	

Full Name (Last, First, Middle Initial) B. Ryan Gilliland		Transaction ID: 60929.E4476 Date of Disbursement 09 / 05 / 2006	
Mailing Address 2049 SW Regency Parkway Dr		Amount of Each Disbursement this Period 78.32	
City Topeka State KS Zip Code 66604-4400	Purpose of Disbursement MILEAGE REIMBURSEMENT	<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: MILEAGE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) C. McDonalds		Transaction ID: 60929.E4487 Date of Disbursement 09 / 05 / 2006	
Mailing Address 2001 N Topeka		Amount of Each Disbursement this Period 5.78	
City Topeka State KS Zip Code 66608-	Purpose of Disbursement CAMPAIGN 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: CAMPAIGN 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: (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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: 60929.E4479 Date of Disbursement 09 / 05 / 2006	
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 39.00	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement CAMPAIGN 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: CAMPAIGN POSTAGE	

Full Name (Last, First, Middle Initial) B. Ryan Gilliland		Transaction ID: 60929.E4543 Date of Disbursement 09 / 14 / 2006	
Mailing Address 2049 SW Regency Parkway Dr		Amount of Each Disbursement this Period 302.67	
City Topeka State KS Zip Code 66604-4400	Purpose of Disbursement PAYROLL	<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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) C. Ryan Gilliland		Transaction ID: 60929.E4548 Date of Disbursement 09 / 28 / 2006	
Mailing Address 2049 SW Regency Parkway Dr		Amount of Each Disbursement this Period 816.01	
City Topeka State KS Zip Code 66604-4400	Purpose of Disbursement PAYROLL	<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) ▼	PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	1118.68
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. H T Paul Company Inc		Transaction ID: 60901.E4375 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address PO Box 5318		Amount of Each Disbursement this Period 200.00
City Topeka State KS Zip Code 66605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
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. H T Paul Company Inc		Transaction ID: 60929.E4493 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address PO Box 5318		Amount of Each Disbursement this Period 200.00
City Topeka State KS Zip Code 66605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
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. Stephen R Iliff		Transaction ID: 60718.E4314 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 3500 SW 6th Ave		Amount of Each Disbursement this Period 1272.35
City Topeka State KS Zip Code 66606-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING & COMPLIANCE STAFF Candidate Name	Category/Type	ACCOUNTING & COMPLIANCE STAFF
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) ▶	1672.35
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)
Jim Ryun for Congress

A. Stephen R Iliff Full Name (Last, First, Middle Initial) Mailing Address 3500 SW 6th Ave City Topeka State KS Zip Code 66606- Purpose of Disbursement ACCOUNTING & COMPLIANCE STAFF 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) ▼		Transaction ID: 60901.E4389 Date of Disbursement 08 / 07 / 2006 Amount of Each Disbursement this Period 2445.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING & COMPLIANCE STAFF
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B. Stephen R Iliff Full Name (Last, First, Middle Initial) Mailing Address 3500 SW 6th Ave City Topeka State KS Zip Code 66606- Purpose of Disbursement ACCOUNTING & COMPLIANCE STAFF 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) ▼		Transaction ID: 60929.E4502 Date of Disbursement 09 / 12 / 2006 Amount of Each Disbursement this Period 1171.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING & COMPLIANCE STAFF
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C. Indian Delivery Full Name (Last, First, Middle Initial) Mailing Address 2828 SW Arrowhead Rd City Topeka State KS Zip Code 66614-2447 Purpose of Disbursement DELIVERY 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) ▼		Transaction ID: 60718.E4316 Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 20.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY
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SUBTOTAL of Disbursements This Page (optional)	3637.04
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Indian Delivery		Transaction ID: 60901.E4387 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 2828 SW Arrowhead Rd		Amount of Each Disbursement this Period 50.35
City Topeka State KS Zip Code 66614-2447	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELIVERY Candidate Name	Category/Type	DELIVERY
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. Indian Delivery		Transaction ID: 60929.E4515 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 2828 SW Arrowhead Rd		Amount of Each Disbursement this Period 60.42
City Topeka State KS Zip Code 66614-2447	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELIVERY Candidate Name	Category/Type	DELIVERY
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. Kansas Dept of Revenue		Transaction ID: 60901.E4384 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 915 SW Harrison		Amount of Each Disbursement this Period 20.00
City Topeka State KS Zip Code 66625-1000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATE W/H Candidate Name	Category/Type	STATE W/H
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) ▶	130.77
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)

<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Kansas Dept of Revenue		Transaction ID: 60929.E4528 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 915 SW Harrison		Amount of Each Disbursement this Period 502.65
City Topeka State KS Zip Code 66625-1000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATE W/H Candidate Name	Category/Type	STATE W/H
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. Kansas Dept of Revenue		Transaction ID: 60929.E4529 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 915 SW Harrison		Amount of Each Disbursement this Period 13.00
City Topeka State KS Zip Code 66625-1000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATE W/H Candidate Name	Category/Type	STATE W/H
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. Kansas Dept of Revenue		Transaction ID: 60929.E4530 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 915 SW Harrison		Amount of Each Disbursement this Period 31.00
City Topeka State KS Zip Code 66625-1000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATE W/H Candidate Name	Category/Type	STATE W/H
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) ▶	546.65
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Kansas Dept of Revenue		Transaction ID: 60929.E4539 Date of Disbursement 09 / 15 / 2006	
Mailing Address 915 SW Harrison		Amount of Each Disbursement this Period 11.00	
City Topeka State KS Zip Code 66625-1000	Purpose of Disbursement STATE W/H Candidate Name	<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 W/H	

Full Name (Last, First, Middle Initial) B. Kansas Dept of Revenue		Transaction ID: 60929.E4545 Date of Disbursement 09 / 28 / 2006	
Mailing Address 915 SW Harrison		Amount of Each Disbursement this Period 42.00	
City Topeka State KS Zip Code 66625-1000	Purpose of Disbursement STATE W/H Candidate Name	<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 W/H	

Full Name (Last, First, Middle Initial) C. Kansas Dept of Revenue		Transaction ID: 60929.E4540 Date of Disbursement 09 / 29 / 2006	
Mailing Address 915 SW Harrison		Amount of Each Disbursement this Period 20.00	
City Topeka State KS Zip Code 66625-1000	Purpose of Disbursement STATE W/H Candidate Name	<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 W/H	

SUBTOTAL of Disbursements This Page (optional) ▶	73.00
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Kansas Employment Security Fund		Transaction ID: 60901.E4447 Date of Disbursement 07 / 21 / 2006	
Mailing Address PO Box 400		Amount of Each Disbursement this Period 129.29	
City Topeka State KS Zip Code 66601-0400	Purpose of Disbursement STATE UNEMPLOYMENT	<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 UNEMPLOYMENT	

Full Name (Last, First, Middle Initial) B. Kansas Republican Party		Transaction ID: 60929.E4490 Date of Disbursement 09 / 20 / 2006	
Mailing Address 2025 SW Gage Blvd		Amount of Each Disbursement this Period 226.41	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement AD FOR FIESTA	<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) ▼	AD FOR FIESTA	

Full Name (Last, First, Middle Initial) C. Aaron Levine		Transaction ID: 60929.E4452 Date of Disbursement 08 / 21 / 2006	
Mailing Address 11718 Hadley		Amount of Each Disbursement this Period 4.00	
City Overland Park State KS Zip Code 66210-	Purpose of Disbursement REIMBURSE FOR PARKING	<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) ▼	REIMBURSE FOR PARKING	

SUBTOTAL of Disbursements This Page (optional) ▶	359.70
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Aaron Levine		Transaction ID: 60929.E4451 Date of Disbursement 08 / 21 / 2006	
Mailing Address 11718 Hadley		Amount of Each Disbursement this Period 12.34	
City Overland Park State KS Zip Code 66210-	Purpose of Disbursement REIMBURSE FOR SUPPLIES	<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) ▼	REIMBURSE FOR SUPPLIES	

Full Name (Last, First, Middle Initial) B. Aaron Levine		Transaction ID: 60929.E4453 Date of Disbursement 08 / 30 / 2006	
Mailing Address 11718 Hadley		Amount of Each Disbursement this Period 70.91	
City Overland Park State KS Zip Code 66210-	Purpose of Disbursement REIMBURSE FOR INK	<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) ▼	REIMBURSE FOR INK	

Full Name (Last, First, Middle Initial) C. Aaron Levine		Transaction ID: 60929.E4542 Date of Disbursement 09 / 14 / 2006	
Mailing Address 11718 Hadley		Amount of Each Disbursement this Period 639.35	
City Overland Park State KS Zip Code 66210-	Purpose of Disbursement PAYROLL	<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) ▼	PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	722.60
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Aaron Levine		Transaction ID: 60929.E4517 Date of Disbursement 09 / 20 / 2006	
Mailing Address 11718 Hadley		Amount of Each Disbursement this Period 36.73	
City Overland Park State KS Zip Code 66210-	Purpose of Disbursement REIMBURSE FOR MILEAGE K-TAG & PAR	<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) ▼	REIMBURSE FOR MILEAGE K-TAG & PAR	

Full Name (Last, First, Middle Initial) B. Aaron Levine		Transaction ID: 60929.E4547 Date of Disbursement 09 / 28 / 2006	
Mailing Address 11718 Hadley		Amount of Each Disbursement this Period 511.48	
City Overland Park State KS Zip Code 66210-	Purpose of Disbursement PAYROLL	<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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) C. Lindemuth Inc		Transaction ID: 60901.E4372 Date of Disbursement 07 / 24 / 2006	
Mailing Address 605 S Kansas Ave		Amount of Each Disbursement this Period 1000.00	
City Topeka State KS Zip Code 66603-	Purpose of Disbursement AUGUST 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) ▼	AUGUST RENT	

SUBTOTAL of Disbursements This Page (optional) ▶	1548.21
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Lindemuth Inc		Transaction ID: 60901.E4388 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 605 S Kansas Ave		Amount of Each Disbursement this Period 235.63
City Topeka State KS Zip Code 66603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ELECTRIC & WATER BILLS	Candidate Name	ELECTRIC & WATER BILLS
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. Lindemuth Inc		Transaction ID: 60929.E4494 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 605 S Kansas Ave		Amount of Each Disbursement this Period 1000.00
City Topeka State KS Zip Code 66603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEPTEMBER RENT	Candidate Name	SEPTEMBER RENT
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. Lindemuth Inc		Transaction ID: 60929.E4503 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 605 S Kansas Ave		Amount of Each Disbursement this Period 329.63
City Topeka State KS Zip Code 66603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ELECTRIC & WATER BILLS	Candidate Name	ELECTRIC & WATER BILLS
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) ▶	1565.26
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. MBNA		Transaction ID: 60718.E4318 Date of Disbursement 07 / 17 / 2006
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 3326.62
City Wilmington State DE Zip Code 19886-5019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
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. America Online		Transaction ID: 60901.E4351 Date of Disbursement 07 / 17 / 2006
Mailing Address PO Box 10810		Amount of Each Disbursement this Period 56.36
City Herndon State VA Zip Code 20170-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ISP Candidate Name	Category/Type	[MEMO ITEM] MEMO: ISP
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. Arbys		Transaction ID: 60901.E4343 Date of Disbursement 07 / 17 / 2006
Mailing Address 1187 Gage Blvd		Amount of Each Disbursement this Period 15.42
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL Candidate Name	Category/Type	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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) ▶	3326.62
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)
Jim Ryun for Congress

A. Arbys Full Name (Last, First, Middle Initial) Mailing Address 1187 Gage Blvd City Topeka State KS Zip Code 66604- Purpose of Disbursement CAMPAIGN MEAL 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) ▼		Transaction ID: 60901.E4344 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 11.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL
---	--	--

B. Cake Love Full Name (Last, First, Middle Initial) Mailing Address 1506 U Street NW City Washington State DC Zip Code 20009- Purpose of Disbursement D STREET EVENT FOOD 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) ▼		Transaction ID: 60901.E4336 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 127.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: D STREET EVENT FOOD
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C. HMSHOST Full Name (Last, First, Middle Initial) Mailing Address 6000 N Terminal Pkwy City Atlanta State GA Zip Code 30320- Purpose of Disbursement CAMPAIGN TRAVEL MEAL 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) ▼		Transaction ID: 60901.E4345 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 10.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN TRAVEL MEAL
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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)
Jim Ryun for Congress

A. Hereford House Full Name (Last, First, Middle Initial) Mailing Address 4931 W 6th Street City Lawrence State KS Zip Code 66049- Purpose of Disbursement DONOR LUNCH 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) ▼		Transaction ID: 60901.E4349 Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 35.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: DONOR LUNCH
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B. MBNA Full Name (Last, First, Middle Initial) Mailing Address PO Box 15019 City Wilmington State DE Zip Code 19886-5019 Purpose of Disbursement LATE FEE 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) ▼		Transaction ID: 60718.E4317 Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LATE FEE
---	--	--

C. Mardel Full Name (Last, First, Middle Initial) Mailing Address 3300 S Blvd City Edmond State OK Zip Code 73013- Purpose of Disbursement CAMPAIGN GIFT 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) ▼		Transaction ID: 60901.E4342 Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 18.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN GIFT
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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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Old Hickory Golf Club		Transaction ID: 60901.E4352 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 4600 Asdee Ln		Amount of Each Disbursement this Period 1920.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Woodbridge State VA Zip Code 22192-	[MEMO ITEM] MEMO: CAMPAIGN FUNDRAISER	
Purpose of Disbursement CAMPAIGN FUNDRAISER		Category/ Type
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. Starbucks		Transaction ID: 60901.E4354 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address Capital Hill		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	[MEMO ITEM] MEMO: DONOR GIFT CARDS	
Purpose of Disbursement DONOR GIFT CARDS		Category/ Type
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. Tortilla Coast		Transaction ID: 60901.E4338 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 41.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016-	[MEMO ITEM] MEMO: D STREET EVENT FOOD	
Purpose of Disbursement D STREET EVENT FOOD		Category/ Type
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) ▶	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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Tortilla Coast		Transaction ID: 60901.E4348 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006	
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 52.74	
City Washington State DC Zip Code 20016-	Purpose of Disbursement DONOR THANK YOU 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:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: DONOR THANK YOU	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 60901.E4350 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006	
Mailing Address Chrystal Park Four,2345 Crystal Dr		Amount of Each Disbursement this Period 246.60	
City Arlington State VA Zip Code 22227-	Purpose of Disbursement FLIGHT TO DC FOR ANN 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:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: FLIGHT TO DC FOR ANN	

Full Name (Last, First, Middle Initial) C. US House of Representatives		Transaction ID: 60901.E4357 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006	
Mailing Address B-217 Longworth Bldg		Amount of Each Disbursement this Period 77.24	
City Washington State DC Zip Code 20515-	Purpose of Disbursement DONOR GIFT 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:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: DONOR GIFT	

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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. US House of Representatives		Transaction ID: 60901.E4340 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address B-217 Longworth Bldg		Amount of Each Disbursement this Period 240.00
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GOLF BALLS FOR GOLFING EVENT		[MEMO ITEM] MEMO: GOLF BALLS FOR GOLFING EVENT
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. US House-Members Dining		Transaction ID: 60901.E4356 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address HC117 US Capitol Bldg		Amount of Each Disbursement this Period 83.50
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONOR LUNCH		[MEMO ITEM] MEMO: DONOR LUNCH
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. US House-Members Dining		Transaction ID: 60901.E4347 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address HC117 US Capitol Bldg		Amount of Each Disbursement this Period 72.35
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONOR THANK YOU		[MEMO ITEM] MEMO: DONOR THANK YOU
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) ▶	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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. US House-Members Dining		Transaction ID: 60901.E4339 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address HC117 US Capitol Bldg		Amount of Each Disbursement this Period 54.60
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONOR LUNCH	Candidate Name	[MEMO ITEM] MEMO: DONOR LUNCH
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. MBNA		Transaction ID: 60901.E4386 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 2567.96
City Wilmington State DE Zip Code 19886-5019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
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. America Online		Transaction ID: 60901.E4412 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address PO Box 10810		Amount of Each Disbursement this Period 56.31
City Herndon State VA Zip Code 20170-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ISP	Candidate Name	[MEMO ITEM] MEMO: ISP
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) ▶	2567.96
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)
Jim Ryun for Congress

A. Applebees Full Name (Last, First, Middle Initial) Mailing Address 5928 SW 17th City Topeka State KS Zip Code 66604- Purpose of Disbursement DONOR MEAL 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) ▼		Transaction ID: 60901.E4403 Date of Disbursement 08 / 02 / 2006 Amount of Each Disbursement this Period 23.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: DONOR MEAL
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B. Cafe Recess Full Name (Last, First, Middle Initial) Mailing Address 209 Pennsylvania Ave City Washington State DC Zip Code 20003- Purpose of Disbursement DONOR LUNCH 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) ▼		Transaction ID: 60901.E4397 Date of Disbursement 08 / 02 / 2006 Amount of Each Disbursement this Period 19.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: DONOR LUNCH
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C. Cato Travel Full Name (Last, First, Middle Initial) Mailing Address B222 LHOB City Washington State DC Zip Code 20515- Purpose of Disbursement TRAVEL 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) ▼		Transaction ID: 60901.E4415 Date of Disbursement 08 / 02 / 2006 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL FEES
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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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. ESPN Zone		Transaction ID: 60901.E4414 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 555 12th St, NW		Amount of Each Disbursement this Period 1718.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20004-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement FUNDRAISER FOOD Candidate Name		[MEMO ITEM] MEMO: FUNDRAISER FOOD
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. Free State Brewing		Transaction ID: 60901.E4404 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 636 Mass Street		Amount of Each Disbursement this Period 41.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lawrence State KS Zip Code 66044-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CAMPAIGN MEAL Candidate Name		[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. HMSHOST		Transaction ID: 60901.E4407 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 6000 N Terminal Pkwy		Amount of Each Disbursement this Period 10.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CAMPAIGN TRAVEL MEAL Candidate Name		[MEMO ITEM] MEMO: CAMPAIGN TRAVEL MEAL
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. MBNA		Transaction ID: 60901.E4385 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006	
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 66.06	
City Wilmington	State DE	Zip Code 19886-5019	
Purpose of Disbursement LATE FEE & FINANCE CHARGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: LATE FEE & FINANCE CHARGE		

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: 60901.E4411 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006	
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 45.66	
City Topeka	State KS	Zip Code 66604-	
Purpose of Disbursement CAMPAIGN POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: CAMPAIGN POSTAGE		

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: 60901.E4406 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006	
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 40.83	
City Topeka	State KS	Zip Code 66604-	
Purpose of Disbursement CAMPAIGN POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: CAMPAIGN 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)

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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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 60901.E4410 Date of Disbursement 08 / 02 / 2006
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 145.20
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement OFFICE SUPPLIES 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Subway		Transaction ID: 60901.E4399 Date of Disbursement 08 / 02 / 2006
Mailing Address 406 1st Street Se		Amount of Each Disbursement this Period 12.82
City Washington State DC Zip Code 20003-	Purpose of Disbursement MEALS FOR PHONE CALL DAY 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS FOR PHONE CALL DAY

Full Name (Last, First, Middle Initial) C. Subway		Transaction ID: 60901.E4398 Date of Disbursement 08 / 02 / 2006
Mailing Address 406 1st Street Se		Amount of Each Disbursement this Period 9.30
City Washington State DC Zip Code 20003-	Purpose of Disbursement MEALS FOR PHONE CALL DAY 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS FOR PHONE CALL DAY

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)
Jim Ryun for Congress

<p>A. Subway</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 406 1st Street Se</p>		<p>Transaction ID: 60901.E4400 Date of Disbursement: 08 / 02 / 2006</p>
<p>City Washington State DC Zip Code 20003-</p>	<p>Purpose of Disbursement MEALS FOR PHONE CALL DAY</p>	<p>Amount of Each Disbursement this Period 15.65</p>
<p>Candidate Name</p>	<p>Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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>[MEMO ITEM] MEMO: MEALS FOR PHONE CALL DAY</p>

<p>B. US House-Members Dining</p> <p>Full Name (Last, First, Middle Initial) Mailing Address HC117 US Capitol Bldg</p>		<p>Transaction ID: 60901.E4413 Date of Disbursement: 08 / 02 / 2006</p>
<p>City Washington State DC Zip Code 20515-</p>	<p>Purpose of Disbursement DONOR MEAL</p>	<p>Amount of Each Disbursement this Period 122.28</p>
<p>Candidate Name</p>	<p>Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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>[MEMO ITEM] MEMO: DONOR MEAL</p>

<p>C. White House Mess Unit Fund</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1600 Pennsylvania</p>		<p>Transaction ID: 60901.E4418 Date of Disbursement: 08 / 02 / 2006</p>
<p>City Washington State DC Zip Code 20502-</p>	<p>Purpose of Disbursement CAMPAIGN GIFTS</p>	<p>Amount of Each Disbursement this Period 35.00</p>
<p>Candidate Name</p>	<p>Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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>[MEMO ITEM] MEMO: CAMPAIGN GIFTS</p>

<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)
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. White House Mess Unit Fund		Transaction ID: 60901.E4419 Date of Disbursement 08 / 02 / 2006	
Mailing Address 1600 Pennsylvania		Amount of Each Disbursement this Period 50.00	
City Washington State DC Zip Code 20502-	Purpose of Disbursement CAMPAIGN GIFTS	<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: CAMPAIGN GIFTS	

Full Name (Last, First, Middle Initial) B. MBNA		Transaction ID: 61006.E4597 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 807.02	
City Wilmington State DE Zip Code 19886-5019	Purpose of Disbursement SEE BELOW	<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) ▼	SEE BELOW	

Full Name (Last, First, Middle Initial) C. America Online		Transaction ID: 61006.E4594 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 10810		Amount of Each Disbursement this Period 56.31	
City Herndon State VA Zip Code 20170-	Purpose of Disbursement ISP	<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: ISP	

SUBTOTAL of Disbursements This Page (optional) ▶	807.02
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Applebees		Transaction ID: 61006.E4599 Date of Disbursement 09 / 05 / 2006	
Mailing Address 5928 SW 17th		Amount of Each Disbursement this Period 42.45	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement DONOR MEAL	<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: DONOR MEAL	

Full Name (Last, First, Middle Initial) B. Arbys		Transaction ID: 61006.E4617 Date of Disbursement 09 / 05 / 2006	
Mailing Address 1187 Gage Blvd		Amount of Each Disbursement this Period 12.56	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement SPEAKER EVENT TRAVEL MEAL	<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: SPEAKER EVENT TRAVEL MEAL	

Full Name (Last, First, Middle Initial) C. HMSHOST		Transaction ID: 61006.E4603 Date of Disbursement 09 / 05 / 2006	
Mailing Address 6000 N Terminal Pkwy		Amount of Each Disbursement this Period 26.73	
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement DC FUND TRAVEL MEAL	<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: DC FUND TRAVEL MEAL	

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

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(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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. HMSHOST		Transaction ID: 61006.E4607 Date of Disbursement 09 / 05 / 2006	
Mailing Address 6000 N Terminal Pkwy		Amount of Each Disbursement this Period 10.22	
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement CAMPAIGN TRAVEL MEAL	<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: CAMPAIGN TRAVEL MEAL	

Full Name (Last, First, Middle Initial) B. MBNA		Transaction ID: 61006.E4596 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 14.14	
City Wilmington State DE Zip Code 19886-5019	Purpose of Disbursement FINANCE CHARGES	<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: FINANCE CHARGES	

Full Name (Last, First, Middle Initial) C. Starbucks		Transaction ID: 61006.E4610 Date of Disbursement 09 / 05 / 2006	
Mailing Address Capital Hill		Amount of Each Disbursement this Period 7.92	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CAMPAIGN TRAVEL MEAL	<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: CAMPAIGN TRAVEL MEAL	

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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Taco Bell		Transaction ID: 61006.E4611 Date of Disbursement 09 / 05 / 2006	
Mailing Address 1560 SW Wanamaker Rd		Amount of Each Disbursement this Period 6.75	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement CAMPAIGN TRAVEL MEAL	<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: CAMPAIGN TRAVEL MEAL	

Full Name (Last, First, Middle Initial) B. Taco Bell		Transaction ID: 61006.E4620 Date of Disbursement 09 / 05 / 2006	
Mailing Address 1560 SW Wanamaker Rd		Amount of Each Disbursement this Period 13.01	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement CAMPAIGN TRAVEL MEAL	<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: CAMPAIGN TRAVEL MEAL	

Full Name (Last, First, Middle Initial) C. Tortilla Coast		Transaction ID: 61006.E4600 Date of Disbursement 09 / 05 / 2006	
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 199.93	
City Washington State DC Zip Code 20016-	Purpose of Disbursement FOOD FOR DC FUND	<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: FOOD FOR DC FUND	

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)

<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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. US House of Representatives		Transaction ID: 61006.E4619 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address B-217 Longworth Bldg		Amount of Each Disbursement this Period 72.00
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONOR GIFT	Candidate Name	[MEMO ITEM] MEMO: DONOR 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) B. US House of Representatives		Transaction ID: 61006.E4601 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address B-217 Longworth Bldg		Amount of Each Disbursement this Period 70.30
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONOR GIFT	Candidate Name	[MEMO ITEM] MEMO: DONOR 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. Wal-Mart		Transaction ID: 61006.E4612 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address US Hwy 75		Amount of Each Disbursement this Period 14.28
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN SUPPLIES
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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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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Wal-Mart		Transaction ID: 61006.E4605 Date of Disbursement 09 / 05 / 2006	
Mailing Address US Hwy 75		Amount of Each Disbursement this Period 118.32	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement CAMPAIGN SUPPLIES	<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: CAMPAIGN SUPPLIES	

Full Name (Last, First, Middle Initial) B. Wendys		Transaction ID: 61006.E4602 Date of Disbursement 09 / 05 / 2006	
Mailing Address 1820 SW Wanamaker Rd		Amount of Each Disbursement this Period 3.21	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement CAMPAIGN TRAVEL MEAL	<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: CAMPAIGN TRAVEL MEAL	

Full Name (Last, First, Middle Initial) C. Natl Republican Congressional Comm.		Transaction ID: 60929.C84571K Date of Disbursement 07 / 20 / 2006	
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement BLAST FAX	<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) ▼	IN KIND: BLAST FAX	

SUBTOTAL of Disbursements This Page (optional) ▶	98.00
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Natl Republican Congressional Comm.		Transaction ID: 60929.C84561K Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type	
Purpose of Disbursement BLAST FAX		IN KIND: BLAST FAX
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. US Postmaster		Transaction ID: 60718.E4323 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 54.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66604-	Category/Type	
Purpose of Disbursement POSTAGE FOR SRI OFFICE		POSTAGE FOR SRI OFFICE
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. US Postmaster		Transaction ID: 60929.E4478 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66604-	Category/Type	
Purpose of Disbursement CAMPAIGN POSTAGE		CAMPAIGN POSTAGE
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) ▶	191.60
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: 60929.E4483 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 1566.62	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement CAMPAIGN 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) ▼	CAMPAIGN POSTAGE	

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: 60929.E4482 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6	
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 500.00	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement CAMPAIGN 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) ▼	CAMPAIGN POSTAGE	

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: 60929.E4481 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6	
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 1000.00	
City Topeka State KS Zip Code 66604-	Purpose of Disbursement CAMPAIGN 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) ▼	CAMPAIGN POSTAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	3066.62
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: 60929.E4480 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 1000.00
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN POSTAGE	
Purpose of Disbursement CAMPAIGN POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: 60929.E4477 Date of Disbursement MM / DD / YYYY 09 / 13 / 2006
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 495.28
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN POSTAGE	
Purpose of Disbursement CAMPAIGN POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: 60929.E4550 Date of Disbursement MM / DD / YYYY 09 / 25 / 2006
Mailing Address 1430 SW Woodhull St.		Amount of Each Disbursement this Period 78.00
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN POSTAGE	
Purpose of Disbursement CAMPAIGN POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1573.28
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)

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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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Pro-Print		Transaction ID: 60718.E4313 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 2028 SW Gage		Amount of Each Disbursement this Period 91.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66604-	Category/Type	
Purpose of Disbursement ENVELOPES FOR SRI OFFICE		ENVELOPES FOR SRI OFFICE
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. Pro-Print		Transaction ID: 60901.E4378 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 2028 SW Gage		Amount of Each Disbursement this Period 1653.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66604-	Category/Type	
Purpose of Disbursement CARDS PLATES & LETTERHEAD		CARDS PLATES & LETTERHEAD
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. Pro-Print		Transaction ID: 60901.E4377 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 2028 SW Gage		Amount of Each Disbursement this Period 1281.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66604-	Category/Type	
Purpose of Disbursement LABELS & ENVELOPES		LABELS & ENVELOPES
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) ▶	3026.46
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Pro-Print		Transaction ID: 60901.E4390 Date of Disbursement 08 / 07 / 2006
Mailing Address 2028 SW Gage		Amount of Each Disbursement this Period 6.85
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALES TAX ON INVOICE	Candidate Name	SALES TAX ON INVOICE
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. Pro-Print		Transaction ID: 60929.E4514 Date of Disbursement 09 / 20 / 2006
Mailing Address 2028 SW Gage		Amount of Each Disbursement this Period 3912.17
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEPTEMBER SUPPORT MAILING	Candidate Name	SEPTEMBER SUPPORT MAILING
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. Ritchey Signs & Screenprinting		Transaction ID: 60929.E4500 Date of Disbursement 09 / 05 / 2006
Mailing Address 1517 SW Washburn Ave		Amount of Each Disbursement this Period 1018.91
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PROMOTIONAL T-SHIRTS	Candidate Name	PROMOTIONAL T-SHIRTS
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) ▶	4937.93
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Riverfront Community Center		Transaction ID: 60929.E4497 Date of Disbursement 09 / 05 / 2006	
Mailing Address 123 South Esplanade		Amount of Each Disbursement this Period 146.75	
City Leavenworth State KS Zip Code 66048-	Purpose of Disbursement 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) ▼	Category/Type CATERING	

Full Name (Last, First, Middle Initial) B. Jim Ryun		Transaction ID: 60718.E4319 Date of Disbursement 07 / 17 / 2006	
Mailing Address 16718 Thirteenth		Amount of Each Disbursement this Period 238.14	
City Lawrence State KS Zip Code 66044-	Purpose of Disbursement SEE BELOW	<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 SEE BELOW	

Full Name (Last, First, Middle Initial) C. MCI		Transaction ID: 60901.E4330 Date of Disbursement 07 / 17 / 2006	
Mailing Address PO Box 52251		Amount of Each Disbursement this Period 16.14	
City Phoenix State AZ Zip Code 85072-2251	Purpose of Disbursement CAMPAIGN PHONE	<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 [MEMO ITEM] MEMO: CAMPAIGN PHONE	

SUBTOTAL of Disbursements This Page (optional) ▶	384.89
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)

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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)
Jim Ryun for Congress

A. Full Name (Last, First, Middle Initial) Jim Ryun		Transaction ID: 60718.E4321 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 16718 Thirteenth		Amount of Each Disbursement this Period 77.88	
City Lawrence State KS Zip Code 66044-	Purpose of Disbursement REIMBURSE FOR MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: REIMBURSE FOR MILEAGE	
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) ▼		

B. Full Name (Last, First, Middle Initial) Jim Ryun		Transaction ID: 60718.E4320 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 16718 Thirteenth		Amount of Each Disbursement this Period 67.40	
City Lawrence State KS Zip Code 66044-	Purpose of Disbursement REIMBURSE FOR PARKING/TOLLS/CAB	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: REIMBURSE FOR PARKING/TOLLS/CAB	
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) ▼		

C. Full Name (Last, First, Middle Initial) Tortilla Coast		Transaction ID: 60901.E4332 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 28.80	
City Washington State DC Zip Code 20016-	Purpose of Disbursement CAMPAIGN STAFF MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: CAMPAIGN STAFF MEAL	
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)
Jim Ryun for Congress

<p>A. Verizon</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 10740 Nall Ave</p> <p>City Overland State KS Zip Code 66211-</p> <p>Purpose of Disbursement CAMPAIGN PHONE</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: 60901.E4333</p> <p>Date of Disbursement 07 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 26.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CAMPAIGN PHONE</p>
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<p>B. Wendys</p> <p>Full Name (Last, First, Middle Initial) Wendys</p> <p>Mailing Address 1820 SW Wanamaker Rd</p> <p>City Topeka State KS Zip Code 66604-</p> <p>Purpose of Disbursement CAMPAIGN 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: 60901.E4334</p> <p>Date of Disbursement 07 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 21.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CAMPAIGN MEALS</p>
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<p>C. Jim Ryun</p> <p>Full Name (Last, First, Middle Initial) Jim Ryun</p> <p>Mailing Address 16718 Thirteenth</p> <p>City Lawrence State KS Zip Code 66044-</p> <p>Purpose of Disbursement SEE BELOW</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: 60901.E4379</p> <p>Date of Disbursement 07 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 89.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>89.59</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)
Jim Ryun for Congress

A. MCI Full Name (Last, First, Middle Initial) Mailing Address PO Box 52251 City Phoenix State AZ Zip Code 85072-2251 Purpose of Disbursement CAMPAIGN PHONE 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) ▼		Transaction ID: 60901.E4376 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 16.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN PHONE
--	--	--

B. Jim Ryun Full Name (Last, First, Middle Initial) Mailing Address 16718 Thirteenth City Lawrence State KS Zip Code 66044- Purpose of Disbursement PARKING TOLLS & TAXI 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) ▼		Transaction ID: 60901.E4380 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 51.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING TOLLS & TAXI
--	--	--

C. Jim Ryun Full Name (Last, First, Middle Initial) Mailing Address 16718 Thirteenth City Lawrence State KS Zip Code 66044- Purpose of Disbursement MILEAGE 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) ▼		Transaction ID: 60901.E4381 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 22.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MILEAGE REIMBURSE- NT
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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)
Jim Ryun for Congress

A. Jim Ryun Full Name (Last, First, Middle Initial) Mailing Address 16718 Thirteenth City Lawrence State KS Zip Code 66044-		Transaction ID: 60929.E4508 Date of Disbursement 09 / 05 / 2006
Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 271.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

B. McDonalds Full Name (Last, First, Middle Initial) Mailing Address 2001 N Topeka City Topeka State KS Zip Code 66608-		Transaction ID: 60929.E4512 Date of Disbursement 09 / 05 / 2006
Purpose of Disbursement CAMPAIGN MEAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 6.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

C. Jim Ryun Full Name (Last, First, Middle Initial) Mailing Address 16718 Thirteenth City Lawrence State KS Zip Code 66044-		Transaction ID: 60929.E4509 Date of Disbursement 09 / 05 / 2006
Purpose of Disbursement MILEAGE REIMBURSEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 201.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	271.64
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)
Jim Ryun for Congress

A. Jim Ryun Full Name (Last, First, Middle Initial) Mailing Address 16718 Thirteenth City Lawrence State KS Zip Code 66044-		Transaction ID: 60929.E4510 Date of Disbursement: 09 / 05 / 2006
Purpose of Disbursement REIMBURSE FOR PARKING/TOLLS/CAB Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

[MEMO ITEM]
MEMO: REIMBURSE FOR PARKING/TOLLS/CAB

B. Starbucks Full Name (Last, First, Middle Initial) Mailing Address Capital Hill City Washington State DC Zip Code 20003-		Transaction ID: 60929.E4511 Date of Disbursement: 09 / 05 / 2006
Purpose of Disbursement CAMPAIGN MEAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 3.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

[MEMO ITEM]
MEMO: CAMPAIGN MEAL

C. Ned Ryun Full Name (Last, First, Middle Initial) Mailing Address 132 D Street SE City Washington State DC Zip Code 20003-		Transaction ID: 60901.E4382 Date of Disbursement: 07 / 26 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 853.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	853.50
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)

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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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Ned Ryun		Transaction ID: 60929.E4524 Date of Disbursement 07 / 31 / 2006	
Mailing Address 132 D Street SE		Amount of Each Disbursement this Period 6559.32	
City Washington State DC Zip Code 20003-	Purpose of Disbursement COMMISSION	<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 COMMISSION	

Full Name (Last, First, Middle Initial) B. Ned Ryun		Transaction ID: 60929.E4523 Date of Disbursement 08 / 31 / 2006	
Mailing Address 132 D Street SE		Amount of Each Disbursement this Period 853.50	
City Washington State DC Zip Code 20003-	Purpose of Disbursement PAYROLL	<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 PAYROLL	

Full Name (Last, First, Middle Initial) C. Ned Ryun		Transaction ID: 60929.E4536 Date of Disbursement 09 / 30 / 2006	
Mailing Address 132 D Street SE		Amount of Each Disbursement this Period 853.50	
City Washington State DC Zip Code 20003-	Purpose of Disbursement PAYROLL	<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 PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	8266.32
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Sams Club		Transaction ID: 60929.E4450 Date of Disbursement 08 / 09 / 2006
Mailing Address 1404 SW Wanamaker Rd		Amount of Each Disbursement this Period 61.76
City Topeka State KS Zip Code 66604-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHECK ORDER	Category/ Type	CHECK ORDER
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Susan B Anthony List Candidate Fund		Transaction ID: 61006.C8686IK Date of Disbursement 07 / 24 / 2006
Mailing Address 1420 King Street Ste 550		Amount of Each Disbursement this Period 1491.53
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement	Category/ Type	IN KIND:
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Susan B Anthony List Candidate Fund		Transaction ID: 61020.C8959IK Date of Disbursement 09 / 22 / 2006
Mailing Address 1420 King Street Ste 550		Amount of Each Disbursement this Period 957.20
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement	Category/ Type	IN KIND:
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2510.49
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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Southeast Kansas Leasing, LLC		Transaction ID: 60718.E4315 Date of Disbursement 07 / 17 / 2006
Mailing Address PO Box 1479		Amount of Each Disbursement this Period 2714.00
City Pittsburg State KS Zip Code 66762-1479	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLIGHT FOR MAJORITY LEADER BOEHNER		FLIGHT FOR MAJORITY LEADER BOEHNER
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. The Source		Transaction ID: 60929.E4553 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 2034		Amount of Each Disbursement this Period 4509.22
City Topeka State KS Zip Code 66601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INVITATION FOR CHENEY EVENT		INVITATION FOR CHENEY EVENT
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. Wilson Research Strategies		Transaction ID: 60929.E4473 Date of Disbursement 08 / 21 / 2006
Mailing Address 1201 Connecticut Ave #300		Amount of Each Disbursement this Period 18750.00
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BENCHMARK SURVEY		BENCHMARK SURVEY
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) ▶	25973.22
TOTAL This Period (last page this line number only) ▶	185883.47

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 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)
Jim Ryun for Congress

Full Name (Last, First, Middle Initial) A. Ahner For Congress		Transaction ID: 60929.E4495 Date of Disbursement 08 / 22 / 2006
Mailing Address PO Box 25812		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 66225-5812	Purpose of Disbursement CONTRIBUTION 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. Kansas Young Republicans		Transaction ID: 60929.E4491 Date of Disbursement 09 / 06 / 2006
Mailing Address 2025 SW Gage Blvd		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66604-	Purpose of Disbursement SPONSOR KS DAY DANCE 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. Natl Republican Congressional Comm.		Transaction ID: 60929.E4472 Date of Disbursement 08 / 21 / 2006
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement TRANSFER OF EXCESS FUNDS 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) ▶	11250.00
TOTAL This Period (last page this line number only) ▶	11250.00