

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. DeGray 4th of July Fireworks		Transaction ID: D5225 Date of Disbursement 06 / 12 / 2006
Mailing Address Account No. 05-539921 c/o Elk Horn		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 Arkadelphia State AR Zip Code 71923	Category/ Type	
Purpose of Disbursement Donation		
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. Friends for Baron Hill		Transaction ID: D5241 Date of Disbursement 06 / 09 / 2006
Mailing Address P.O. Box 1071		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seymour State IN Zip Code 47274	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Baron P. Hill		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN BARROW		Transaction ID: D5242 Date of Disbursement 06 / 20 / 2006
Mailing Address 2141 B West Broad St		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Athens State GA Zip Code 30606	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4250.00
TOTAL This Period (last page this line number only) ▶	