

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)
 Culberson for Congress

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

Mailing Address PO Box 2021

City East Liverpool State OH Zip Code 43920-

Purpose of Disbursement
 CONTRIBUTION - OH CD06

Candidate Name
 CHUCK BLASDEL

Office Sought: House Senate President
 Disbursement For: 2006 Primary General
 Other (specify) ▼

State: OH District D6

Category/
 Type

Transaction ID: 60109.E3413
 Date of Disbursement
 12 / 20 / 2005

Amount of Each Disbursement this Period
 500.00

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

Full Name (Last, First, Middle Initial)
B. Burns for Congress

Mailing Address Hon. Max Burns
 113 North Main Street

City Sylvania State GA Zip Code 30467-

Purpose of Disbursement
 CONTRIBUTION GA CD12

Candidate Name
 OHELL MAXIE BURNS

Office Sought: House Senate President
 Disbursement For: 2006 Primary General
 Other (specify) ▼

State: GA District 12

Category/
 Type

Transaction ID: 60109.E3417
 Date of Disbursement
 12 / 20 / 2005

Amount of Each Disbursement this Period
 500.00

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

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

Mailing Address PO Box 962

City Jackson State GA Zip Code 30233-

Purpose of Disbursement
 CONTRIBUTION GA CD08

Candidate Name
 MICHAEL ALLEN (MAC) COLLINS

Office Sought: House Senate President
 Disbursement For: 2006 Primary General
 Other (specify) ▼

State: GA District D8

Category/
 Type

Transaction ID: 60109.E3416
 Date of Disbursement
 12 / 20 / 2005

Amount of Each Disbursement this Period
 500.00

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

SUBTOTAL of Disbursements This Page (optional) ► **1500.00**

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