

**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)
ELLISON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net		Transaction ID: SB17.18091 Date of Disbursement 11 / 02 / 2006
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 642.53
City American Fork State UT Zip Code 84003	Purpose of Disbursement Online Fundraising Candidate Name	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. BRALEY FOR CONGRESS		Transaction ID: SB17.18093 Date of Disbursement 11 / 03 / 2006
Mailing Address PO Box 390		Amount of Each Disbursement this Period 500.00
City Waterloo State IA Zip Code 50704	Purpose of Disbursement Campaign Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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

Full Name (Last, First, Middle Initial) C. David Colling		Transaction ID: SB17.18047 Date of Disbursement 10 / 20 / 2006
Mailing Address 3057 Tyler St NE		Amount of Each Disbursement this Period 108.00
City Minneapolis State MN Zip Code 55418	Purpose of Disbursement Reimbursement for Plumber Candidate Name	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1250.53
TOTAL This Period (last page this line number only)