

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 Thompson For Congress

A. Full Name (Last, First, Middle Initial) Chet Edwards For Congress		Transaction ID: EXP.B.26879 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 5	
Mailing Address P O Box 23273		Amount of Each Disbursement this Period 2000.00	
City Waco State TX Zip Code 76702	Purpose of Disbursement Campaign contribution	Category/Type 011	
Candidate Name Chet Edwards	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
B. Full Name (Last, First, Middle Initial) Herseth For Congress		Transaction ID: EXP.B.26880 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 5	
Mailing Address Post Office Box 2009		Amount of Each Disbursement this Period 2000.00	
City Sioux Falls State SD Zip Code 57101	Purpose of Disbursement Campaign contribution	Category/Type 011	
Candidate Name Stephanie Herseth	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
C. Full Name (Last, First, Middle Initial) Jim Marshall For Congress		Transaction ID: EXP.B.27212 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address PO Box 125		Amount of Each Disbursement this Period 2000.00	
City Macon State CA Zip Code 31202	Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Jim Marshall For Congress	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 3	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶