

**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)

PAGE 22 / 31

<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)  
SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. LYNK SYSTEMS</b>		<b>Transaction ID:</b> 60712.E3583 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 600 Morgan Falls Rd., Ste. 260		Amount of Each Disbursement this Period 30.00
City Atlanta State GA Zip Code 30350-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANKCARD FEES	Candidate Name	BANKCARD 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>B. LYNK SYSTEMS</b>		<b>Transaction ID:</b> 60712.E3582 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 600 Morgan Falls Rd., Ste. 260		Amount of Each Disbursement this Period 30.00
City Atlanta State GA Zip Code 30350-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANKCARD FEES	Candidate Name	BANKCARD 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>C. NRCC BATTLEGROUND</b>		<b>Transaction ID:</b> 60712.C9021IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 320 First Street, S.E.		Amount of Each Disbursement this Period 392.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLAST FAX	Candidate Name	IN KIND: BLAST FAX
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	452.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____