

# 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 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)  
Friends of Zach Wamp

Full Name (Last, First, Middle Initial) <b>A. Jim Ryun for Congress</b>		<b>Transaction ID:</b> 61006.E3920 <b>Date of Disbursement</b> 09 / 27 / 2006
Mailing Address P.O. Box 826		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66601-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JIM R RYUN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. Charlie Taylor for Congress Committee</b>		<b>Transaction ID:</b> 61006.E3917 <b>Date of Disbursement</b> 09 / 27 / 2006
Mailing Address P.O. Box 2355		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Asheville State NC Zip Code 28802-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name CHARLES H TAYLOR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. Bass Victory Committee</b>		<b>Transaction ID:</b> 61006.E3912 <b>Date of Disbursement</b> 09 / 12 / 2006
Mailing Address P.O. Box 3451		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Concord State NH Zip Code 03302-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name CHARLES F. BASS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....