

**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)
Price for Congress

A. Clay Shaw for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 2188 City Fort Lauderdale State FL Zip Code 33303-2188 Purpose of Disbursement CLAY SHAW HOUSE FL22 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) ▼		Transaction ID: 61102.E1422 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Clay Shaw House FL22
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B. Robert Simmons for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 268, Drawer 271 City Stonington State CT Zip Code 06378- Purpose of Disbursement ROBERT SIMMONS HOUSE CT02 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) ▼		Transaction ID: 61023.E1393 Date of Disbursement 10 / 20 / 2006 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 Robert Simmons House CT02
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C. Robert Simmons for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 268, Drawer 271 City Stonington State CT Zip Code 06378- Purpose of Disbursement ROBERT SIMMONS HOUSE CT02 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) ▼		Transaction ID: 61102.E1430 Date of Disbursement 10 / 30 / 2006 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 Robert Simmons House CT02
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SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____