

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Mike Ross for Congress Committee

ADDRESS (number and street) PO Box 360
 Check if different than previously reported. (ACC)
Prescott AR 71857

2. **FEC IDENTIFICATION NUMBER** C00345710
CITY STATE ZIP CODE STATE DISTRICT
AR 04
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 07 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Vickie Winpisinger

Signature of Treasurer Electronically Filed by Vickie Winpisinger Date 10 15 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mike Ross for Congress Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	156789.25	559702.84
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	156789.25	559702.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	52753.27	240563.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	376.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	52753.27	240187.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	817072.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Mike Ross for Congress Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

38300.00

103400.00

(ii) Unitemized.....

2715.00

15630.00

(iii) TOTAL of contributions

41015.00

119030.00

from individuals..... ▶

1024.25

1042.89

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

114750.00

439629.95

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

156789.25

559702.84

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

376.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

7474.77

21967.21

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

164264.02

582046.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52753.27	240563.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	42494.96	173120.57
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	95248.23	413684.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	748056.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	164264.02
25. SUBTOTAL (add Line 23 and Line 24).....	912320.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95248.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	817072.46

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Stephen L. Bodemann

Mailing Address 229 Forest Heights Trl

City State Zip Code
Hot Springs AR 71901-8143

FEC ID number of contributing federal political committee. **C**

Name of Employer HealthFirst Physicians Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717160

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Frederick Day

Mailing Address 251 Ledgerwood

City State Zip Code
Hot Springs AR 71913

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatrist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717170

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael D. Nilsson

Mailing Address 2625 N Upshur St

City State Zip Code
Arlington VA 22207-4025

FEC ID number of contributing federal political committee. **C**

Name of Employer Harris, Wiltshire & Grannis, LLP Occupation Associate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: C1723720

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Matthew J. Downs		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1016 S. Caroline Avenue, SE		Transaction ID: C1721530	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Attorney			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Bill Brewster		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address PO Box 459		Transaction ID: C1732660	
City State Zip Code Batesville TX 78829		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Capital Hill Consulting Occupation Chairman			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Stuart A. Fleischner		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2007	
Mailing Address 113 Whispering Pine Cove		Transaction ID: C1717161	
City State Zip Code Hot Springs AR 71901-8721		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Hot Springs National Park Dental Group Occupation Dentist			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Ron A. Kaler		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7
Mailing Address 868 Quapaw Ave		Transaction ID: C1717181
City State Zip Code Hot Springs AR 71901-3926	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Surgery Associates Physician	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert J. Olive, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7
Mailing Address Post Office Box 22150		Transaction ID: C1717191
City State Zip Code Hot Springs AR 71903-2150	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Firelake LLC Physician	Election Cycle-to-Date 2150.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Philip A. Woodward		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7
Mailing Address 270 Summertime Pt.		Transaction ID: C1717201
City State Zip Code Hot Springs AR 71913-9658	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Urology Associates Physician	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Henry C. Bradley

Mailing Address 406 Virginia Ave

City State Zip Code
Alexandria VA 22302-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer
Chad Bradley & Associates, LLC

Occupation
President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2007

Transaction ID: C1615991

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Rhod Shaw

Mailing Address 230 West Windsor Avenue

City State Zip Code
Alexandria VA 22301

FEC ID number of contributing federal political committee. **C**

Name of Employer
Alpine Group

Occupation
Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2007

Transaction ID: C1733261

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Porter Briggs

Mailing Address 1054 31st Street, NW, #270

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer
A Briggs Passport, Inc.

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2007

Transaction ID: C1724171

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Marshall Brachman

Mailing Address 634 A Street, NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brachman & Associates Government Relations

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732661

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bob McBrayer

Mailing Address 141 Timber Ridge Lane

City State Zip Code
El Dorado AR 71730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
South Arkansas Oil Co. Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: C1732681

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Diane K. Bodemann

Mailing Address 256 Grandstaff Dr

City State Zip Code
Hot Springs AR 71913-8789

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hot Springs Internal Medicine Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717162

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Marvin Parks

Mailing Address 44 Treasure Creek Road

City State Zip Code
Greenbrier AR 72058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arkansas Physician Hospital Associatio Executive Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 7

Transaction ID: C1717192

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles C. Wright

Mailing Address 145 Sparling Road

City State Zip Code
Hot Springs AR 71913-8857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Urology Associates Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 7

Transaction ID: C1717202

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Janet K. DeFee

Mailing Address 355 Sandy Point

City State Zip Code
Hartsville SC 29550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sandhills Pharmacy Pharmacist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 9 / 2 0 0 7

Transaction ID: C1615972

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jack T. Bolls

Mailing Address PO Box 3150

City State Zip Code
Texarkana TX 75504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bolls Distributing Wholesaler

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1724162

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles H. Cole

Mailing Address 10812 Melanie Court

City State Zip Code
Oakton VA 22124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
n/a Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2007

Transaction ID: C1715302

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kay Cox

Mailing Address 145 Duddington Place SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Amylin Pharmaceuticals, Inc. Vice President/Communications & Govt.

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721532

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Don Tyson

Mailing Address PO Box 2020

City State Zip Code
Springdale AR 72765

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tyson Foods, Inc. Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2007

Transaction ID: C1733262

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Laurence Merin

Mailing Address 212 North Cherry Street

City State Zip Code
Falls Church VA 22046-3521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BKSH & Associates Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732662

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Alicia Marie Butler

Mailing Address 13 W. Villena Drive

City State Zip Code
Hot Springs Villag AR 71909-4018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Village Health Mart Bookkeeper

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717163

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial) Mahlon Grigsby Mailing Address PO Box 5640 City State Zip Code Hot Springs AR 71913 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: C1717173 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation Retired Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Whitney M. Lagaly Mailing Address 304 Paradise Pt City State Zip Code Hot Springs AR 71913-9208 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: C1717183 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer GlaxoSmithKline Occupation Pharmaceutical Sales Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Marc A. Rogers Mailing Address 5 Stonegate Ct. City State Zip Code Hot Springs AR 71913 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: C1717193 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Surgery Associates of Arkansas Occupation Physician Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
William G. Wright

Mailing Address 1001 N. 15th Street

City Arkadelphia State AR Zip Code 71923-0947

FEC ID number of contributing federal political committee. **C**

Name of Employer Elk Horn Bank & Trust Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2007

Transaction ID: C1615983

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Fred T. McDonald

Mailing Address 3900 South Olive Street

City Pine Bluff State AR Zip Code 71603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: C1723713

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bruce Burrow

Mailing Address PO Box 19009

City Jonesboro State AR Zip Code 72402

FEC ID number of contributing federal political committee. **C**

Name of Employer Betz-Burrow Occupation Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: C1715233

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bob L. Burns

Mailing Address 2005 Karen Circle

City Magnolia State AR Zip Code 71753

FEC ID number of contributing federal political committee. **C**

Name of Employer Farmers Bank & Trust Occupation Chairman and CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2007

Transaction ID: C1715283

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Valmore J. Forgett, III

Mailing Address 219 Lawn Street

City Martinsburg State WV Zip Code 25401

FEC ID number of contributing federal political committee. **C**

Name of Employer Forgett Militaria, LLC Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2007

Transaction ID: C1715303

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Travis C. Mitchell

Mailing Address 200 Hamilton Oaks Drive, M2

City Hot Springs State AR Zip Code 71913

FEC ID number of contributing federal political committee. **C**

Name of Employer State of AR Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: C1724173

Amount of Each Receipt this Period
1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Advertising

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
James Kevin Rudder

Mailing Address 101 Myrick Ln

City State Zip Code
Hot Springs AR 71913-5390

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Firelake LLC Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1650.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717194

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jo Butler

Mailing Address 7 Selva Lane

City State Zip Code
Hot Springs AR 71909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Village Healthmart Drug Pharmacy Tech

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717164

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jerry J. Lorio

Mailing Address 6516 Caribbean Dr W

City State Zip Code
Benton AR 72015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Saline Orthopedics Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717184

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Carl E. Hendrix, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2007
Mailing Address Horatio State Bank PO Box 347		Transaction ID: C1615974
City State Zip Code Horatio AR 71842	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Horatio State Bank	Occupation Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Sandy Sanford		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007
Mailing Address 902 Kenwood		Transaction ID: C1721514
City State Zip Code El Dorado AR 71730	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Noalmark Broadcasting Corp.	Occupation Regional Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. John W. Sorrels		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2007
Mailing Address 221 N. Whispering Hills		Transaction ID: C1717195
City State Zip Code Hot Springs AR 71901	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hot Springs Internal Medicine	Occupation Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Nirmal K. Kilambi

Mailing Address 1904 N. Hartford Drive

City Fayetteville State AR Zip Code 72701

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Arkansas Urology Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717165

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael E. Grisso

Mailing Address 5115 Doyle Ln

City Centreville State VA Zip Code 20120-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Grisso Consulting Group, LLC Occupation Government Relations Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721535

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lephiew Dennington

Mailing Address 505 West Gaines Street

City Dermott State AR Zip Code 71638

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Agriculture

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2007

Transaction ID: C1717156

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Frederick H. Graefe

Mailing Address 319 Constitution Avenue, NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Offices of Frederick H. Graefe PLL Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732656

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Christopher R. Parandian

Mailing Address 4041 Pebble Branch Road

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Solutions Occupation Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2007

Transaction ID: C1732706

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kim Bodemann

Mailing Address 101 Valleyview St

City Hot Springs State AR Zip Code 71901-7730

FEC ID number of contributing federal political committee. **C**

Name of Employer Hot Springs Internal Medicine Occupation Nurse Practitioner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717167

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jason Spring

Mailing Address 223 Oakshores Circle

City State Zip Code
Hot Springs AR 71913

FEC ID number of contributing federal political committee. **C**

Name of Employer HealthPark Hospital Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 7

Transaction ID: C1717197

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Karen Reynolds

Mailing Address 40 Reynolds Road
PO Box 98

City State Zip Code
Glenwood AR 71943

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Real Estate Appraiser

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: C1612057

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nancy Crain Balton

Mailing Address PO Box 185

City State Zip Code
Wilson AR 72395

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C1715907

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
John E. Hickey

Mailing Address P.O. Box 146

City State Zip Code
Centerville AR 72829

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2007

Transaction ID: C1721517

Amount of Each Receipt this Period
350.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary R. Grealy

Mailing Address 312 Severn Avenue, #413E

City State Zip Code
Annapolis MD 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer Healthcare Leadership Council Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721537

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Tracy Doherty Taylor

Mailing Address 121 West Maple Street

City State Zip Code
Alexandria VA 22301

FEC ID number of contributing federal political committee. **C**

Name of Employer Williams & Jensen, PLLC Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732647

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Dwight Pruett

Mailing Address 4401 Sugarhill Road

City State Zip Code
Texarkana AR 71854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DMP Investments Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: C1732677

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Tankersley

Mailing Address 110 Sagebrush St

City State Zip Code
Pearcy AR 71964-9454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HealthFirst Physicians Chief Executive Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717198

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David W. Roberts

Mailing Address PO Box 1490

City State Zip Code
Solana Beach CA 92075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HIMSS Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721538

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 104 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Andrew Grose Mailing Address 51 Hartura Way City State Zip Code Hot Springs AR 71909 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: C1717159 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation HealthFirst Physician Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

Full Name (Last, First, Middle Initial) B. Margaret E. Bodemann Mailing Address 600 Cantrell St City State Zip Code Hot Springs AR 71901-8297 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: C1717169 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Hot Springs Internal Medi- Office Manager cine Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

Full Name (Last, First, Middle Initial) C. Jeffrey W. Herrold Mailing Address 110 Melissa Circle City State Zip Code Hot Springs AR 71901 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: C1717179 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation AR Inst. of Cosmetic Surg- Physician ery Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Eric D Monte

Mailing Address 204 Dino St

City State Zip Code
Hot Springs AR 71901-7271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hot Springs Clinic of Aut- Physician
ology

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2007

Transaction ID: C1717189

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William Scott Bowen

Mailing Address 5 St. Vincent Circle, #100

City State Zip Code
Little Rock AR 72205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Martin Bowen Hefley Knee & Sports, PA Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2007

Transaction ID: C1721519

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stephen P. Griggs

Mailing Address 1360 Place Vendome

City State Zip Code
Winter Park FL 32789-1389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AeroCare Holdings CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732669

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mary Pruett

Mailing Address 4401 Sugarhill Road

City State Zip Code
Texarkana AR 71854

FEC ID number of contributing federal political committee. **C**

Name of Employer DMP Investments Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: C1732679

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Neal Turner

Mailing Address 16057 Cable Bridge Road

City State Zip Code
Gulfport MS 39503

FEC ID number of contributing federal political committee. **C**

Name of Employer Chevron Energy Solutions LP Occupation Senior Bus. Devel. Mgr.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2007

Transaction ID: C1612056A

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 6001 Bollinger Canyon Road Building A2108

City State Zip Code
San Ramon CA 94583

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation Conduit total: 1,000.00

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2007

Transaction ID: C1612056AB

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Firelake LLC

Mailing Address 208 McAuley Ct

City State Zip Code
Hot Springs AR 71913-6312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721520

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

PARTNERSHIP--partners below if itemized

B. Full Name (Last, First, Middle Initial)
Robert J. Olive, Jr.

Mailing Address Post Office Box 22150

City State Zip Code
Hot Springs AR 71903-2150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Firelake LLC Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721523

Amount of Each Receipt this Period
575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Michael J. Young

Mailing Address 208 McAuley Ct

City State Zip Code
Hot Springs AR 71913-6312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Firelake, LLC Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721524

Amount of Each Receipt this Period
575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 27 / 104
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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Christopher M. Young

Mailing Address 208 McAuley Ct

City State Zip Code
Hot Springs AR 71913-6312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Firelake LLC Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721527

Amount of Each Receipt this Period
575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
James Kevin Rudder

Mailing Address 101 Myrick Ln

City State Zip Code
Hot Springs AR 71913-5390

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Firelake LLC Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1650.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721528

Amount of Each Receipt this Period
575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Firelake LLC

Mailing Address 208 McAuley Ct

City State Zip Code
Hot Springs AR 71913-6312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721521

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Robert J. Olive, Jr.

Mailing Address Post Office Box 22150

City State Zip Code
Hot Springs AR 71903-2150

FEC ID number of contributing federal political committee. **C**

Name of Employer Firelake LLC Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721522

Amount of Each Receipt this Period
575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Michael J. Young

Mailing Address 208 McAuley Ct

City State Zip Code
Hot Springs AR 71913-6312

FEC ID number of contributing federal political committee. **C**

Name of Employer Firelake, LLC Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721525

Amount of Each Receipt this Period
575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Christopher M. Young

Mailing Address 208 McAuley Ct

City State Zip Code
Hot Springs AR 71913-6312

FEC ID number of contributing federal political committee. **C**

Name of Employer Firelake LLC Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: C1721526

Amount of Each Receipt this Period
575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 104	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
James Kevin Rudder

Mailing Address 101 Myrick Ln

City State Zip Code
Hot Springs AR 71913-5390

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Firelake LLC Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1650.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2007

Transaction ID: C1721529

Amount of Each Receipt this Period
575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	38300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Cmte

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 42.89

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2007

Transaction ID: C1734103

Amount of Each Receipt this Period
24.25

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Fundraising services

B. Full Name (Last, First, Middle Initial)
Desha Co. Democratic Committee

Mailing Address Attention: Maxine Sammons
Route 1 Box 92

City Mc Gehee State AR Zip Code 71654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2007

Transaction ID: C1715239

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1024.25
TOTAL This Period (last page this line number only)	▶	1024.25

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
DTE ENERGY CO. PAC - FEDERAL

Mailing Address 2000 SECOND AVENUE 1079 WCB

City State Zip Code
DETROIT MI 48226

FEC ID number of contributing federal political committee. **C** C00081547

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2007

Transaction ID: C1615980

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN FOREST & PAPER ASSN PAC

Mailing Address 1111 19TH STREET NW SUITE 800

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2007

Transaction ID: C1715910

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
VAN NESS FELDMAN P.C. POLITICAL ACTION COMMITTEE

Mailing Address 1050 Thomas Jefferson Street NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00205369

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721540

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICA		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007
Mailing Address P O BOX 500		Transaction ID: C1732650
City RENVILLE State MN Zip Code 56284	FEC ID number of contributing federal political committee. C C00166348	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2007
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: C1715281
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00004275	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2007
Mailing Address 702 S.W. 8th Street		Transaction ID: C1715291
City Bentonville State AR Zip Code 72716	FEC ID number of contributing federal political committee. C C00093054	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial)
A. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL A

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C C00131185**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	7

Transaction ID: C1721531

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. SIDLEY AUSTIN LLP GOOD GOVERNMENT FUND

Mailing Address 787 Seventh Ave

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. **C C00351270**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	7

Transaction ID: C1732691

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLI

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	7

Transaction ID: C1732701

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMM

Full Name (Last, First, Middle Initial)
Mailing Address 633 N. St. Clair St.
24th Floor

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732651

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. MEDTRONIC INC. MEDICAL TECHNOLOGY FUND

Full Name (Last, First, Middle Initial)
Mailing Address 1420 New York Avenue NW Suite 600

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00311878

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: C1723722

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address CH1M31

City State Zip Code
Federal Way WA 98063

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2007

Transaction ID: C1715292

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
WILLIAMS COMPANIES, INC. PAC, THE

Mailing Address 1627 EYE STREET NW
SUITE 900

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2007

Transaction ID: C1715312

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/IN

Mailing Address 1125 17TH ST. NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721542

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NORTHWEST AIRLINES POLITICAL ACTION COMMITTEE

Mailing Address 901 15th Street NW
Suite 310

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00104802

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732652

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 1655 N. Fort Myer Dr.
Suit 850

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: C1732682

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLI

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2007

Transaction ID: C1732702

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CONOCOPHILLIPS SPIRIT PAC

Mailing Address 1400B Plaza Office Building
1400 B PLAZA OFFICE BUILDING

City Bartlesville State OK Zip Code 74004

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2007

Transaction ID: C1615993

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
DIRECTV GROUP INC. FUND - FEDERAL (DIRECTV PAC)

Mailing Address 444 North Capitol Street NW
Suite 728

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: C1723723

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
SHELL OIL COMPANY EMPLOYEES' POLITICAL AWARENESS C

Mailing Address P O BOX 2463

City HOUSTON State TX Zip Code 77252

FEC ID number of contributing federal political committee. **C** C00039503

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2007

Transaction ID: C1715273

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COM

Mailing Address 7000 CARDINAL PLAGE

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00332833

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721533

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Axiom Corp. Associates PAC

Mailing Address #1 Information Way

City State Zip Code
Little Rock AR 72202

FEC ID number of contributing federal political committee. **C** C00350835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721543

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Natl Beer Whole Assn PAC

Mailing Address 1101 King Street, #600

City State Zip Code
Alexandria VA 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732653

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BURSON-MARSTELLER/YOUNG & RUBICAM POLITICAL ACTION

Mailing Address 1101 Vermont Street NW
Suite 1000

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00201863

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732663

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. VERIZON COMMUNICATION INC GOOD GOV'T CLUB		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 1717 Arch Street 47S		Transaction ID: C1732693
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C C00186288		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN HOSPITAL ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2007
Mailing Address 325 Seventh Street NW Suite 700		Transaction ID: C1732703
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00106146		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL A		Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2007
Mailing Address P.O. Box 23220		Transaction ID: C1717204
City San Diego	State CA	Zip Code 92193
FEC ID number of contributing federal political committee. C C00394163		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 104
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. ALLTEL CORPORATION POLITICAL ACTION COMMITTEE (APA)

Full Name (Last, First, Middle Initial)
Mailing Address ONE ALLIED DRIVE

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing federal political committee. **C** C00216556

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2007

Transaction ID: C1615984

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. GREAT LAKES SUGAR BEET GROWERS POLITICAL ACTION CO

Full Name (Last, First, Middle Initial)
Mailing Address 4800 FASHION SQUARE BLVD
#485 PLAZA NORTH

City State Zip Code
SAGINAW MI 48604

FEC ID number of contributing federal political committee. **C** C00168542

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1723714

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. CERNER CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2800 ROCKCREEK PARKWAY
CERNER CORPORATION

City State Zip Code
KANSAS CITY MO 64117

FEC ID number of contributing federal political committee. **C** C00410589

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721534

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial) National Assn. of Realtors PAC Mailing Address 430 North Michigan Avenue City Chicago State IL Zip Code 60611 FEC ID number of contributing federal political committee. C C00030718 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C1721544 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	8	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	8	/	2	0	0	7														
1000.00																							

B. Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL AD Mailing Address 2901 Telestar Court City Falls Church State VA Zip Code 22042 FEC ID number of contributing federal political committee. C C00005249 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C1732654 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	7	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	7	/	2	0	0	7														
1000.00																							

C. Full Name (Last, First, Middle Initial) B&D PAC Mailing Address 300 N. Meridian Street Suite 2700 City Indianapolis State IN Zip Code 46204 FEC ID number of contributing federal political committee. C C00386904 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: C1732664 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	7	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	7	/	2	0	0	7														
1000.00																							

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. ENERGY CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 101 Constitution Avenue, NW Suite 200 East		Transaction ID: C1732694
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00363879		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. MCKESSON CORPORATION EMPLOYEES POLITICAL FUND		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007
Mailing Address ONE POST STREET 29TH FLOOR		Transaction ID: C1732704
City State Zip Code SAN FRANCISCO CA 94104	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00108035		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL A		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2007
Mailing Address P.O. Box 23220		Transaction ID: C1717205
City State Zip Code San Diego CA 92193	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00394163		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 104
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLI

Mailing Address 1399 New York Avenue
Suite 720

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: C1723715

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTIO

Mailing Address 80 F Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2007

Transaction ID: C1715275

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN FOREST & PAPER ASSN PAC

Mailing Address 1111 19TH STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2007

Transaction ID: C1715295

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. International Paper PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2007
Mailing Address 1101 Pennsylvania Avenue NW Suite 200		Transaction ID: C1715305
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00034405		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN ASSOCIATION FOR RESPIRATORY CARE POLITICA		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007
Mailing Address 9425 MACARTHUR BLVD SUITE 100		Transaction ID: C1721515
City IRVING State TX Zip Code 75063	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C C00150201		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2450.00	

Full Name (Last, First, Middle Initial) C. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION CO		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address 101 NORTH THIRD STREET		Transaction ID: C1721545
City MOORHEAD State MN Zip Code 56560	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00110338		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3750.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Natl Community Pharm PAC

Mailing Address 205 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. C C00030809

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732655

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Society Of Association Executives PAC

Mailing Address 1575 Eye St NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. C C00041566

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732665

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE

Mailing Address 1301 K Street NW
Suite 700W

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. C C00107235

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: C1732685

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION CO

Mailing Address 2400 N St NW

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2007

Transaction ID: C1732705

Amount of Each Receipt this Period
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES

Mailing Address 1750 New York Avenue NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: C1732695

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15th Street N.W. Suite 300

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2007

Transaction ID: C1615986

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial)
A. AMERICAN RENTAL ASSOCIATION POLITICAL ACTION COMMI
 Mailing Address 1900 19TH STREET
 City State Zip Code
MOLINE IL 61265
 FEC ID number of contributing federal political committee. **C C00107615**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
09 27 2007
Transaction ID: C1723716
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE
 Mailing Address 10889 WILSHIRE BOULEVARD SUITE 600
 City State Zip Code
LOS ANGELES CA 90024
 FEC ID number of contributing federal political committee. **C C00083857**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
08 14 2007
Transaction ID: C1715276
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. PEPSICO INC. CONCERNED CITIZENS FUND
 Mailing Address 700 Anderson Hill Road
 City State Zip Code
Purchase NY 10577
 FEC ID number of contributing federal political committee. **C C00039321**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
08 14 2007
Transaction ID: C1715286
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 104
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMIT

Mailing Address 1550 Crystal Drive
Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2007

Transaction ID: C1721516

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
HEALTHCARE DISTRIBUTION MANAGEMENT ASSOCIATION POL

Mailing Address 901 North Glebe Road
Suite 1000

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00247569

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721536

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION CO

Mailing Address 101 NORTH THIRD STREET

City MOORHEAD State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721546

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
NATIONAL LUMBER AND BUILDING MATERIAL DEALERS ASSN
 Mailing Address 900 2nd Street NE Ste. 305
 City State Zip Code
 Washington DC 20002
 FEC ID number of contributing federal political committee. **C** C00039214
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2007
Transaction ID: C1732646
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
FMR CORP. POLITICAL ACTION COMMITTEE - FEDERAL
 Mailing Address 82 Devonshire Street
 City State Zip Code
 Boston MA 02109
 FEC ID number of contributing federal political committee. **C** C00380550
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2007
Transaction ID: C1732696
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Association for Justice PAC
 Mailing Address 1050 31st Street, NW
 City State Zip Code
 Washington DC 20007
 FEC ID number of contributing federal political committee. **C** C00024521
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 27 / 2007
Transaction ID: C1732666
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 27 / 2007

Transaction ID: C1723717

Amount of Each Receipt this Period
 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. MARATHON OIL COMPANY EMPLOYEES POLITICAL ACTION CO

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 75000 MC 2250 Room 2635

City Detroit State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C** C00040568

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2007

Transaction ID: C1715237

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. EXXON MOBIL CORPORATION-MOBIL POLITICAL ACTION COM

Full Name (Last, First, Middle Initial)
Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00095406

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 02 / 2007

Transaction ID: C1715297

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 104
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
RITE AID CORPORATION POLITICAL ACTION COMMITTEE (R)

Mailing Address PO Box 3165

City Harrisburg State PA Zip Code 17105

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1721547

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL ACADEMY OF COMPOUNDING PHARMACISTS P

Mailing Address PO BOX 1365

City SUGAR LAND State TX Zip Code 77487

FEC ID number of contributing federal political committee. **C** C00424143

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732657

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Association for Homecare PAC

Mailing Address 625 SLATERS LANE SUITE 200

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00357129

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732667

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEM		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address PO BOX 820292		Transaction ID: C1732687	
City State Zip Code MEMPHIS TN 38182		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00023028		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) B. American Society of Health System Pharmacists PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 7272 Wisconsin Avenue		Transaction ID: C1732697	
City State Zip Code Bethesda MD 20814		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00245530		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Natl Cmte to Preserve Soc Sec PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007	
Mailing Address 10 G Street, NE, Suite 600		Transaction ID: C1732707	
City State Zip Code Washington DC 20002-4215		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00172296		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
ANADARKO PETROLEUM CORPORATION POLITICAL ACTION CO
Mailing Address 1201 Lake Robbins Drive
City State Zip Code
The Woodlands TX 77380
FEC ID number of contributing federal political committee. **C** C00231951
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 17 / 2007
Transaction ID: C1615988
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN CABLE ASSOCIATION INC PAC (ACA PAC)
Mailing Address ONE PARKWAY CENTER SUITE 212
City State Zip Code
PITTSBURGH PA 15220
FEC ID number of contributing federal political committee. **C** C00364109
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 20 / 2007
Transaction ID: C1723718
Amount of Each Receipt this Period
3500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T)
Mailing Address 175 E. Houston Street
Room 7-A-50
City State Zip Code
San Antonio TX 78205
FEC ID number of contributing federal political committee. **C** C00109017
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 29 / 2007
Transaction ID: C1733258
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5500.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC)

Mailing Address P.O. Box 961039
Suite 220

City State Zip Code
Fort Worth TX 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2007

Transaction ID: C1715238

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CONSTELLATION ENERGY GROUP INC. FEDERAL PAC

Mailing Address 750 E. Pratt St. 5th Floor
P.O. Box 1475

City State Zip Code
Baltimore MD 21202

FEC ID number of contributing federal political committee. **C** C00041376

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2007

Transaction ID: C1715288

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION

Mailing Address 4101 Winfield Road - 106D
Mail Code 5N

City State Zip Code
Warrenville IL 60555

FEC ID number of contributing federal political committee. **C** C00060103

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2007

Transaction ID: C1715308

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
GENENTECH INC POLITICAL ACTION COMMITTEE (GENENPAC)

Mailing Address 460 POINT SAN BRUNO BLVD

City State Zip Code
SO SAN FRANCISCO CA 94080

FEC ID number of contributing federal political committee. **C** C00199257

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C1715908

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
WASHINGTON GROUP INTERNATIONAL INC. POLITICAL ACTI

Mailing Address 2345 Crystal Drive Suite 708

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00097550

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 0 7

Transaction ID: C1732648

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AFLAC PAC

Mailing Address 1932 Wynnton Road

City State Zip Code
Columbus GA 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 0 7

Transaction ID: C1732668

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 1750 H Street NW		Transaction ID: C1732688
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00107128	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 702 S.W. 8th Street		Transaction ID: C1732698
City Bentonville State AR Zip Code 72716	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00093054	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. SOUTHERN COMPANY - SOUTHERN NUCLEAR OPERATING COMP		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007
Mailing Address 42 Inverness Center		Transaction ID: C1732708
City Birmingham State AL Zip Code 35242	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00250407	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. LYONDELL CHEMICAL COMPANY PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007
Mailing Address 1101 PENNSYLVANIA AVENUE NW SUITE 515		Transaction ID: C1732658
City State Zip Code WASHINGTON DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00306175		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLIT		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address 1325 Massachusetts Ave. NW		Transaction ID: C1721539
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00238725		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. DIRECTV GROUP INC. FUND - FEDERAL (DIRECTV PAC)		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2007
Mailing Address 444 North Capitol Street NW Suite 728		Transaction ID: C1723719
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00331991		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROG)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732649

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CenturyTel, Inc. PAC

Mailing Address P.O. Box 4065

City State Zip Code
Monroe LA 71207-2065

FEC ID number of contributing federal political committee. **C** C00225524

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: C1732659

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	114750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address PO Box 490		Transaction ID: C1732740	
City Prescott	State AR	Zip Code 71857	Amount of Each Receipt this Period 126.17
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 21967.21	

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Interest income

Full Name (Last, First, Middle Initial) B. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2007	
Mailing Address PO Box 490		Transaction ID: C1719841	
City Prescott	State AR	Zip Code 71857	Amount of Each Receipt this Period 1041.66
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 21967.21	

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Interest income

Full Name (Last, First, Middle Initial) C. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007	
Mailing Address PO Box 490		Transaction ID: C1719842	
City Prescott	State AR	Zip Code 71857	Amount of Each Receipt this Period 1041.66
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 21967.21	

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Interest income

SUBTOTAL of Receipts This Page (optional) ▶	2209.49
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
Mailing Address PO Box 490		Transaction ID: C1719843
City State Zip Code Prescott AR 71857	Amount of Each Receipt this Period 140.28	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 21967.21	

Full Name (Last, First, Middle Initial) B. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 08 / 09 / 2007
Mailing Address PO Box 490		Transaction ID: C1719844
City State Zip Code Prescott AR 71857	Amount of Each Receipt this Period 1041.66	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 21967.21	

Full Name (Last, First, Middle Initial) C. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 08 / 12 / 2007
Mailing Address PO Box 490		Transaction ID: C1719845
City State Zip Code Prescott AR 71857	Amount of Each Receipt this Period 416.67	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 21967.21	

SUBTOTAL of Receipts This Page (optional) ▶	1598.61
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 104
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2007	
Mailing Address PO Box 490		Transaction ID: C1719846	
City Prescott	State AR	Zip Code 71857	Amount of Each Receipt this Period 1041.66
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 21967.21	

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Interest income

Full Name (Last, First, Middle Initial) B. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007	
Mailing Address PO Box 490		Transaction ID: C1719847	
City Prescott	State AR	Zip Code 71857	Amount of Each Receipt this Period 125.02
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 21967.21	

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Interest income

Full Name (Last, First, Middle Initial) C. Bank of Prescott		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2007	
Mailing Address PO Box 490		Transaction ID: C1732737	
City Prescott	State AR	Zip Code 71857	Amount of Each Receipt this Period 1041.66
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 21967.21	

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Interest income

SUBTOTAL of Receipts This Page (optional) ▶	2208.34
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bank of Prescott

Mailing Address PO Box 490

City State Zip Code
Prescott AR 71857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
21967.21

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2007

Transaction ID: C1732738

Amount of Each Receipt this Period
416.67

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Interest income

B. Full Name (Last, First, Middle Initial)
Bank of Prescott

Mailing Address PO Box 490

City State Zip Code
Prescott AR 71857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
21967.21

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2007

Transaction ID: C1732739

Amount of Each Receipt this Period
1041.66

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Interest income

SUBTOTAL of Receipts This Page (optional)	1458.33
TOTAL This Period (last page this line number only)	7474.77

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. CenturyTel		Transaction ID: D136460 Date of Disbursement 07 / 02 / 2007
Mailing Address PO Box 427		Amount of Each Disbursement this Period 144.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marion	State LA	
Zip Code 71260		
Purpose of Disbursement Telephone expense Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: D136500 Date of Disbursement 07 / 18 / 2007
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 286.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20003-4071		
Purpose of Disbursement Fundraising/catering Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. National Democratic Club		Transaction ID: D136540 Date of Disbursement 08 / 15 / 2007
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 399.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20003-4071		
Purpose of Disbursement Fundraising/catering Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	830.56
TOTAL This Period (last page this line number only) ▶	

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)
Mike Ross for Congress Committee

A. Graves Publishing Full Name (Last, First, Middle Initial) Mailing Address PO Box 297 City Nashville State AR Zip Code 71852 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136550 Date of Disbursement 08 / 23 / 2007 Amount of Each Disbursement this Period 526.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. Anthony Forest Company Full Name (Last, First, Middle Initial) Mailing Address PO Box 1877 City El Dorado State AR Zip Code 71731 Purpose of Disbursement Fundraising/catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136560 Date of Disbursement 09 / 06 / 2007 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
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C. Oliver's One Stop Full Name (Last, First, Middle Initial) Mailing Address 221 Holly City Prescott State AR Zip Code 71857 Purpose of Disbursement Event sponsor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136580 Date of Disbursement 09 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUBTOTAL of Disbursements This Page (optional) ▶	1776.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. PHOEBE		Transaction ID: D136591 Date of Disbursement 09 / 26 / 2007
Mailing Address PO Box 363		Amount of Each Disbursement this Period 100.00
City Hot Springs State AR Zip Code 71902	Purpose of Disbursement Event sponsor Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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. Reginald Moseby		Transaction ID: D136471 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 264		Amount of Each Disbursement this Period 500.00
City Portland State AR Zip Code 71663	Purpose of Disbursement Ashley Co. School Bd Reunion Sponsor Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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. Verizon		Transaction ID: D136521 Date of Disbursement 08 / 14 / 2007
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 130.57
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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) ▶	730.57
TOTAL This Period (last page this line number only) ▶	

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Winpisinger & Associates, Inc.		Transaction ID: D136462 Date of Disbursement 07 / 02 / 2007
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1596.78
City Gaithersburg State MD Zip Code 20878	Purpose of Disbursement FEC Preparation	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carol Garland		Transaction ID: D136472 Date of Disbursement 07 / 10 / 2007
Mailing Address 177 Lafayette 60		Amount of Each Disbursement this Period 1000.00
City Buckner State AR Zip Code 71827-9578	Purpose of Disbursement Event sponsor	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UAPM/AM&N National Alumni Assn.		Transaction ID: D136492 Date of Disbursement 07 / 16 / 2007
Mailing Address c/o James M. Bosley PO Box 2661		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22202	Purpose of Disbursement Event sponsor	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3596.78
TOTAL This Period (last page this line number only) ▶

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 67 / 104

<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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Molly Allen Associates		Transaction ID: D136502 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 4000.00
City Philadelphia State PA Zip Code 19146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising consulting fee Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CenturyTel		Transaction ID: D136522 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address PO Box 427		Amount of Each Disbursement this Period 139.72
City Marion State LA Zip Code 71260	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ASMSA Foundation Fund		Transaction ID: D136562 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address Office of Institutional Advancemen		Amount of Each Disbursement this Period 250.00
City Hot Springs State AR Zip Code 71901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event sponsor Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4389.72
TOTAL This Period (last page this line number only) ▶

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Molly Allen Associates		Transaction ID: D136503 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 4.60
City Philadelphia State PA Zip Code 19146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kearney Consulting		Transaction ID: D136493 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address PO Box 1008		Amount of Each Disbursement this Period 250.00
City Little Rock State AR Zip Code 72203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event sponsor Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National MS Society, Arkansas Division		Transaction ID: D136513 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address c/o Will Gruber 1100 N. University		Amount of Each Disbursement this Period 500.00
City Little Rock State AR Zip Code 72207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	754.60
TOTAL This Period (last page this line number only) ▶	

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. National Democratic Club		Transaction ID: D136523 Date of Disbursement 08 / 14 / 2007
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 467.33
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising/catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Avenet, LLC		Transaction ID: D136543 Date of Disbursement 08 / 17 / 2007
Mailing Address 1380 Energy Lane #206		Amount of Each Disbursement this Period 10.00
City St. Paul State MN Zip Code 55108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Star Catering		Transaction ID: D136563 Date of Disbursement 09 / 11 / 2007
Mailing Address 2824 Fallfax Drive		Amount of Each Disbursement this Period 634.44
City Falls Church State VA Zip Code 22042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising/catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1111.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. NGP Software, Inc.		Transaction ID: D136583 Date of Disbursement 09 / 19 / 2007
Mailing Address 1225 I Street, NW Suite 1225		Amount of Each Disbursement this Period 3495.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Software contract Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Molly Allen Associates		Transaction ID: D136554 Date of Disbursement 08 / 31 / 2007
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 4000.00
City Philadelphia State PA Zip Code 19146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising consulting fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Molly Allen Associates		Transaction ID: D136464 Date of Disbursement 07 / 03 / 2007
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 4000.00
City Philadelphia State PA Zip Code 19146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising consulting fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11495.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Molly Allen Associates		Transaction ID: D136504 Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2007	
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 50.00	
City Philadelphia State PA Zip Code 19146	Purpose of Disbursement Fundraising/catering deposit	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) B. Prescott Flowers & Gifts		Transaction ID: D136524 Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2007	
Mailing Address 228 E. Vine Street		Amount of Each Disbursement this Period 108.46	
City Prescott State AR Zip Code 71857	Purpose of Disbursement Flowers	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) C. Avenet, LLC		Transaction ID: D136544 Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 1380 Energy Lane #206		Amount of Each Disbursement this Period 10.00	
City St. Paul State MN Zip Code 55108	Purpose of Disbursement Merchant fee	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	168.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Avenet, LLC		Transaction ID: D136584 Date of Disbursement 09 / 19 / 2007	
Mailing Address 1380 Energy Lane #206		Amount of Each Disbursement this Period 120.00	
City St. Paul State MN Zip Code 55108	Purpose of Disbursement Website maintenance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Twin City Branches NAACP		Transaction ID: D136594 Date of Disbursement 09 / 26 / 2007	
Mailing Address c/o Rev. Milton Glass 18 Webster P		Amount of Each Disbursement this Period 1000.00	
City Texarkana State AR Zip Code 71854	Purpose of Disbursement Advertisement/Event Sponsor	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Molly Allen Associates		Transaction ID: D136465 Date of Disbursement 07 / 03 / 2007	
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 13.80	
City Philadelphia State PA Zip Code 19146	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1133.80
TOTAL This Period (last page this line number only) ▶	

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal City Caterers		Transaction ID: D136505 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 1119 12th Street, NW		Amount of Each Disbursement this Period 220.25
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising/catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Little Rock Nine Foundation		Transaction ID: D136515 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 50th Anniversary Celebration PO BO		Amount of Each Disbursement this Period 1000.00
City La Place State LA Zip Code 70069-2813	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Avenet, LLC		Transaction ID: D136545 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address 1380 Energy Lane #206		Amount of Each Disbursement this Period 5.00
City St. Paul State MN Zip Code 55108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1225.25
TOTAL This Period (last page this line number only) ▶	_____

**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 74 / 104

<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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Molly Allen Associates		Transaction ID: D136555 Date of Disbursement 08 / 31 / 2007
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 2.30
City Philadelphia State PA Zip Code 19146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. M.W. Prince Hall Grand Lodge		Transaction ID: D136565 Date of Disbursement 09 / 11 / 2007
Mailing Address 2906 East Hardy		Amount of Each Disbursement this Period 300.00
City Pine Bluff State AR Zip Code 71601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement/Event sponsor Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MCI		Transaction ID: D136585 Date of Disbursement 09 / 20 / 2007
Mailing Address PO Box 4600		Amount of Each Disbursement this Period 18.18
City Iowa City State IA Zip Code 52244-4600	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	320.48
TOTAL This Period (last page this line number only) ▶	

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)
Mike Ross for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Dustin B. Smith</p>		<p>Transaction ID: D136595 Date of Disbursement 09 / 30 / 2007</p>	
<p>Mailing Address 2400 Riverfront Drive Apt. 2639</p>		<p>Amount of Each Disbursement this Period 2668.08</p>	
<p>City Little Rock State AR Zip Code 72202</p>	<p>Purpose of Disbursement Salary</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	<p>State: District:</p>		

<p>B. Full Name (Last, First, Middle Initial) Horton Brothers Printing Company, Inc.</p>		<p>Transaction ID: D136456 Date of Disbursement 07 / 02 / 2007</p>	
<p>Mailing Address PO Box 5668</p>		<p>Amount of Each Disbursement this Period 2161.32</p>	
<p>City North Little Rock State AR Zip Code 72119</p>	<p>Purpose of Disbursement Printing expense</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	<p>State: District:</p>		

<p>C. Full Name (Last, First, Middle Initial) Mike Ross</p>		<p>Transaction ID: D136496 Date of Disbursement 07 / 18 / 2007</p>	
<p>Mailing Address PO Box 374</p>		<p>Amount of Each Disbursement this Period 85.31</p>	
<p>City Prescott State AR Zip Code 71857</p>	<p>Purpose of Disbursement Shipping/Cab/Meal</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: AR District: 04</p>	<p>State: District:</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4914.71</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Boy Scouts of America		Transaction ID: D136506 Date of Disbursement 07 / 24 / 2007
Mailing Address PO Box 152079		Amount of Each Disbursement this Period 300.00
City Irving State TX Zip Code 75015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event tickets	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) B. Ozan-Ingrahm/Iron Mountain Neighborhood		Transaction ID: D136516 Date of Disbursement 08 / 13 / 2007
Mailing Address Development Corp. 1101 Couch Stree		Amount of Each Disbursement this Period 500.00
City Texarkana State AR Zip Code 71854	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event sponsor	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) C. Avenet, LLC		Transaction ID: D136546 Date of Disbursement 08 / 17 / 2007
Mailing Address 1380 Energy Lane #206		Amount of Each Disbursement this Period 1.25
City St. Paul State MN Zip Code 55108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)	801.25
TOTAL This Period (last page this line number only)	(Empty box)

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Transaction ID: D136586 Date of Disbursement 09 / 20 / 2007	
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 166.02	
City Dallas State TX Zip Code 75265-0553	Purpose of Disbursement Telephone expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Mark Heinitz		Transaction ID: D136547 Date of Disbursement 08 / 23 / 2007	
Mailing Address 6433 Burwell Street		Amount of Each Disbursement this Period 169.00	
City Springfield State VA Zip Code 22150	Purpose of Disbursement Accounting fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Dr. Travis C. Mitchell		Transaction ID: D135907 Date of Disbursement 09 / 06 / 2007	
Mailing Address 200 Hamilton Oaks Drive, M2		Amount of Each Disbursement this Period 1300.00	
City Hot Springs State AR Zip Code 71913	Purpose of Disbursement Advertising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received	

SUBTOTAL of Disbursements This Page (optional)	1635.02
TOTAL This Period (last page this line number only)	

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Prescott Flowers & Gifts		Transaction ID: D136467 Date of Disbursement 07 / 10 / 2007	
Mailing Address 228 E. Vine Street		Amount of Each Disbursement this Period 213.83	
City Prescott	State AR	Zip Code 71857	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Flowers		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Arkansas Association of the Deaf, Inc.		Transaction ID: D136477 Date of Disbursement 07 / 10 / 2007	
Mailing Address PO Box 2114		Amount of Each Disbursement this Period 325.00	
City Little Rock	State AR	Zip Code 72203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertisement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. MCI		Transaction ID: D136497 Date of Disbursement 07 / 18 / 2007	
Mailing Address PO Box 4600		Amount of Each Disbursement this Period 34.50	
City Iowa City	State IA	Zip Code 52244-4600	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ►

573.33

TOTAL This Period (last page this line number only) ►

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)
Mike Ross for Congress Committee

A. Mary Lidell Full Name (Last, First, Middle Initial) Mailing Address PO Box 5845 City Pine Bluff State AR Zip Code 71611 Purpose of Disbursement Event sponsor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136537 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. AT&T Mobility Full Name (Last, First, Middle Initial) Mailing Address PO Box 650553 City Dallas State TX Zip Code 75265-0553 Purpose of Disbursement Telephone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136587 Date of Disbursement 09 / 20 / 2007 Amount of Each Disbursement this Period 183.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297-0513 Purpose of Disbursement Telephone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136458 Date of Disbursement 07 / 02 / 2007 Amount of Each Disbursement this Period 131.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	615.55
TOTAL This Period (last page this line number only) ▶	

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Department of Finance & Administration		Transaction ID: D136478 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 9941		Amount of Each Disbursement this Period 64.20
City Little Rock State AR Zip Code 72203-9941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: D136498 Date of Disbursement 07 / 18 / 2007
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 166.17
City Dallas State TX Zip Code 75265-0553	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NAACP		Transaction ID: D136518 Date of Disbursement 08 / 13 / 2007
Mailing Address 4805 Mt. Hope Drive		Amount of Each Disbursement this Period 400.00
City Baltimore State MD Zip Code 21215	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement/event tickets		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	630.37
TOTAL This Period (last page this line number only) ▶	_____

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Transaction ID: D136538 Date of Disbursement 08 / 15 / 2007
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 150.09
City Dallas State TX Zip Code 75265-0553	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MCI		Transaction ID: D136548 Date of Disbursement 08 / 23 / 2007
Mailing Address PO Box 4600		Amount of Each Disbursement this Period 31.93
City Iowa City State IA Zip Code 52244-4600	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Winpisinger & Associates, Inc.		Transaction ID: D136558 Date of Disbursement 09 / 04 / 2007
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1537.90
City Gaithersburg State MD Zip Code 20878	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEC Preparation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1719.92
TOTAL This Period (last page this line number only) ▶	_____

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. NGP Software, Inc.		Transaction ID: D136578 Date of Disbursement 09 / 14 / 2007
Mailing Address 1225 I Street, NW Suite 1225		Amount of Each Disbursement this Period 975.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Broadcast email newsletters	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. B & B Barbeque		Transaction ID: D136588 Date of Disbursement 09 / 21 / 2007
Mailing Address 117 First Street		Amount of Each Disbursement this Period 370.50
City Prescott State AR Zip Code 71857	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event sponsor/Prescott High School	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: D136499 Date of Disbursement 07 / 18 / 2007
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 134.37
City Dallas State TX Zip Code 75265-0553	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1479.87
TOTAL This Period (last page this line number only)	

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Winpisinger & Associates, Inc.		Transaction ID: D136509 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1560.20
City Gaithersburg State MD Zip Code 20878	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEC Preparation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Transaction ID: D136539 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 166.17
City Dallas State TX Zip Code 75265-0553	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D136549 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 130.88
City Baltimore State MD Zip Code 21297-0513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1857.25
TOTAL This Period (last page this line number only) ▶

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. CenturyTel		Transaction ID: D136559 Date of Disbursement 09 / 05 / 2007
Mailing Address PO Box 427		Amount of Each Disbursement this Period 142.82
City Marion State LA Zip Code 71260	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Advocacy, Inc.		Transaction ID: D136579 Date of Disbursement 09 / 14 / 2007
Mailing Address 1612 K Street, NW Suite 500		Amount of Each Disbursement this Period 3929.63
City Washington State DC Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Update email list Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Cmte		Transaction ID: D137689 Date of Disbursement 09 / 29 / 2007
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 24.25
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 Fundraising services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

SUBTOTAL of Disbursements This Page (optional)	4096.70
TOTAL This Period (last page this line number only)	

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Molly Allen Associates		Transaction ID: D136466 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 2104.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19146		
Purpose of Disbursement Fundraising events (see below) Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Butterfield 9		Transaction ID: D136600 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 600 14th Street, NW		Amount of Each Disbursement this Period 1675.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20005		
Purpose of Disbursement Fundraising/catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Johnny's Half Shell		Transaction ID: D136601 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 2002 P Street, NW		Amount of Each Disbursement this Period 166.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20036		
Purpose of Disbursement Fundraising/catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2104.97
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Mike Ross for Congress Committee

A. Federal City Caterers Full Name (Last, First, Middle Initial) Mailing Address 1119 12th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Fundraising/catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136603 Date of Disbursement 07 / 03 / 2007 Amount of Each Disbursement this Period 236.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Visa Credit Card Operations Full Name (Last, First, Middle Initial) Mailing Address PO Box 22116 City Tulsa State OK Zip Code 74121-2116 Purpose of Disbursement Credit card (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136476 Date of Disbursement 07 / 10 / 2007 Amount of Each Disbursement this Period 1021.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136480 Date of Disbursement 07 / 10 / 2007 Amount of Each Disbursement this Period 23.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	1021.24
TOTAL This Period (last page this line number only) ▶	

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 87 / 104

<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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Wal-Mart		Transaction ID: D136481 Date of Disbursement 07 / 10 / 2007
Mailing Address 2400 North Hervey Street		Amount of Each Disbursement this Period 99.40
City Hope State AR Zip Code 71801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D136482 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 12.71
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D136483 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 22.13
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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)
Mike Ross for Congress Committee

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D136485</p> <p>Date of Disbursement 07 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 23.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Federal Express</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D136486</p> <p>Date of Disbursement 07 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 41.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Federal Express</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D136488</p> <p>Date of Disbursement 07 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 23.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Transaction ID: D136479 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 104.99
City Dallas State TX Zip Code 75265-0553	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Visa Credit Card Operations		Transaction ID: D136489 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 22116		Amount of Each Disbursement this Period 54.44
City Tulsa State OK Zip Code 74121-2116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Finance charge Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Visa Credit Card Operations		Transaction ID: D136520 Date of Disbursement 08 / 14 / 2007
Mailing Address PO Box 22116		Amount of Each Disbursement this Period 692.59
City Tulsa State OK Zip Code 74121-2116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card (see below) Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	692.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Mike Ross for Congress Committee

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136531 Date of Disbursement 08 / 14 / 2007 Amount of Each Disbursement this Period 23.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136532 Date of Disbursement 08 / 14 / 2007 Amount of Each Disbursement this Period 23.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D136533 Date of Disbursement 08 / 14 / 2007 Amount of Each Disbursement this Period 12.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Mike Ross for Congress Committee

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: D136534 Date of Disbursement 08 / 14 / 2007</p>	
<p>City Memphis State TN Zip Code 38101-1140</p>		<p>Amount of Each Disbursement this Period 23.72</p>	
<p>Purpose of Disbursement Shipping</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>		<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>			

<p>B. Northwest Airlines</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 4101 Northwest Drive</p>		<p>Transaction ID: D136535 Date of Disbursement 08 / 14 / 2007</p>	
<p>City Saint Paul State MN Zip Code 55111</p>		<p>Amount of Each Disbursement this Period 672.70</p>	
<p>Purpose of Disbursement Travel/Airfare</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>		<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>			

<p>C. U.S. Postmaster</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 207 Elm Street</p>		<p>Transaction ID: D136526 Date of Disbursement 08 / 14 / 2007</p>	
<p>City Prescott State AR Zip Code 71857</p>		<p>Amount of Each Disbursement this Period 32.80</p>	
<p>Purpose of Disbursement Postage</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>		<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)
Mike Ross for Congress Committee

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D136536</p> <p>Date of Disbursement 08 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 23.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Federal Express</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D136528</p> <p>Date of Disbursement 08 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 23.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. House Gift Shop</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address B-217 Longworth Building</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Gifts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D136529</p> <p>Date of Disbursement 08 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 39.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Molly Allen Associates		Transaction ID: D136556 Date of Disbursement 08 / 31 / 2007
Mailing Address 1924-1/2 Lombard Street		Amount of Each Disbursement this Period 175.40
City Philadelphia State PA Zip Code 19146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising/catering event Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Johnny's Half Shell		Transaction ID: D136602 Date of Disbursement 08 / 31 / 2007
Mailing Address 2002 P Street, NW		Amount of Each Disbursement this Period 155.40
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising/catering Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Visa Credit Card Operations		Transaction ID: D136564 Date of Disbursement 09 / 11 / 2007
Mailing Address PO Box 22116		Amount of Each Disbursement this Period 2061.36
City Tulsa State OK Zip Code 74121-2116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card (see below) Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2236.76
TOTAL This Period (last page this line number only) ▶	_____

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Members Dining Room		Transaction ID: D136571 Date of Disbursement 09 / 11 / 2007	
Mailing Address H117 Capitol		Amount of Each Disbursement this Period 95.05	
City Washington State DC Zip Code 20515	Purpose of Disbursement Business Meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. House Gift Shop		Transaction ID: D136572 Date of Disbursement 09 / 11 / 2007	
Mailing Address B-217 Longworth Building		Amount of Each Disbursement this Period 249.60	
City Washington State DC Zip Code 20515	Purpose of Disbursement Gifts	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: D136573 Date of Disbursement 09 / 11 / 2007	
Mailing Address PO Box 582880		Amount of Each Disbursement this Period 446.80	
City Tulsa State OK Zip Code 74158	Purpose of Disbursement Travel/Airfare	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D136574 Date of Disbursement 09 / 11 / 2007	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 24.74	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Transaction ID: D136567 Date of Disbursement 09 / 11 / 2007	
Mailing Address 207 Elm Street		Amount of Each Disbursement this Period 41.00	
City Prescott State AR Zip Code 71857	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: D136568 Date of Disbursement 09 / 11 / 2007	
Mailing Address 207 Elm Street		Amount of Each Disbursement this Period 266.00	
City Prescott State AR Zip Code 71857	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial)

A. Tortilla Coast

Mailing Address 400 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Business Meal

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D136569

Date of Disbursement

^M 0	^M 9	/	^D 1	^D 1	/	^Y 2	^Y 0	^Y 0	^Y 7
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Amount of Each Disbursement this Period

71.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

51912.52

**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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Virginia Clinton Kelley Dem Womens Club		Transaction ID: D136490 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 2575		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hot Springs State AR Zip Code 71914-2575	Purpose of Disbursement Contribution Candidate Name Category/Type	
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. Sparkman Little League		Transaction ID: D136461 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 1222 Dallas 205		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sparkman State AR Zip Code 71763	Purpose of Disbursement Team sponsorship Candidate Name Category/Type	
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) C. Nevada County Youth Premium Sale		Transaction ID: D136581 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address PO Box 549		Amount of Each Disbursement this Period 975.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Prescott State AR Zip Code 71857	Purpose of Disbursement Donation Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1375.00
TOTAL This Period (last page this line number only) ▶	_____

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)
Mike Ross for Congress Committee

A. Full Name (Last, First, Middle Initial)
HILLARY CLINTON FOR PRESIDENT

Mailing Address PO BOX 77593

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Contribution

Candidate Name
Hillary Clinton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D136542

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Ouachita Area Council of Boy Scouts

Mailing Address 102 Chippewa Court

City Hot Springs State AR Zip Code 71901-7109

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D136552

Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Wal-Mart

Mailing Address 2400 North Hervey Street

City Hope State AR Zip Code 71801

Purpose of Disbursement
Donation/Christmas Share Program

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D136463

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

3250.00

TOTAL This Period (last page this line number only) ►

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 99 / 104

<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 Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Tanya Davis		Transaction ID: D136593 Date of Disbursement 09 / 26 / 2007
Mailing Address PO Box 301		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City McGehee	State AR	
Zip Code 71754	Category/Type	
Purpose of Disbursement Youth Sponsorship Donation Candidate Name		
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. Soaring Eagles Basketball 4th Grade		Transaction ID: D136474 Date of Disbursement 07 / 10 / 2007
Mailing Address c/o Rose Moore 417 Ratcliff Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Camden	State AR	
Zip Code 71701	Category/Type	
Purpose of Disbursement Team sponsorship Candidate Name		
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) C. Virginia Clinton Kelley Dem Womens Club		Transaction ID: D136514 Date of Disbursement 08 / 13 / 2007
Mailing Address P.O. Box 2575		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hot Springs	State AR	
Zip Code 71914-2575	Category/Type	
Purpose of Disbursement Contribution Candidate Name		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	_____

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 Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Hope Baseball/Softball Association		Transaction ID: D136604 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address PO Box 652		Amount of Each Disbursement this Period 500.00
City Hope State AR Zip Code 71802-0652	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Team sponsorship	Candidate Name	Category/ Type
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. KJEP-TV		Transaction ID: D136495 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address PO Box 1020		Amount of Each Disbursement this Period 1000.00
City Nashville State AR Zip Code 71852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telethon for community TV	Candidate Name	Category/ Type
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) C. Arkadelphia Lions Club		Transaction ID: D136575 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address PO Box 61		Amount of Each Disbursement this Period 1985.00
City Arkadelphia State AR Zip Code 71923	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation	Candidate Name	Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3485.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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 Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Clark County Democratic Party		Transaction ID: D136576 Date of Disbursement 09 / 13 / 2007
Mailing Address 201 North 10th Street		Amount of Each Disbursement this Period 250.00
City Arkadelphia State AR Zip Code 71923	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name	Category/Type	
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. National Black State Troopers Coalition		Transaction ID: D136507 Date of Disbursement 07 / 24 / 2007
Mailing Address Louis Bryant Chapter 300 East Roos		Amount of Each Disbursement this Period 315.00
City Little Rock State AR Zip Code 72206	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation Candidate Name	Category/Type	
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) C. Altheimer Police Department		Transaction ID: D136517 Date of Disbursement 08 / 13 / 2007
Mailing Address 308 Front Street		Amount of Each Disbursement this Period 500.00
City Altheimer State AR Zip Code 72004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation Candidate Name	Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1065.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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 Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte		Transaction ID: D136557 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 19050.00
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 Unlimited transfer to national part		Category/ Type
Candidate Name		
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. Washington Memorial COGIC		Transaction ID: D136577 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address 115 Goodlow Street		Amount of Each Disbursement this Period 826.00
City Dumas State AR Zip Code 71639	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
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) C. Torah Schnille Turnage		Transaction ID: D136468 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address 1203 E 42nd Avenue		Amount of Each Disbursement this Period 300.00
City Pine Bluff State AR Zip Code 71601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	20176.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)
Mike Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Treday.com Scholarship Project		Transaction ID: D136508 Date of Disbursement 07 / 26 / 2007
Mailing Address 12 Redleaf Circle		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 Little Rock	State AR	
Zip Code 72210		
Purpose of Disbursement Donation		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Lake Village Parks & Rec Commission		Transaction ID: D136459 Date of Disbursement 07 / 02 / 2007
Mailing Address PO Box 83		Amount of Each Disbursement this Period 393.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Village	State AR	
Zip Code 71653-0083		
Purpose of Disbursement Team sponsorship		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Shirley Dianne Jackson		Transaction ID: D136469 Date of Disbursement 07 / 10 / 2007
Mailing Address 2782 Sand Rd		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Malvern	State AR	
Zip Code 72104		
Purpose of Disbursement Donation/LRCTS Reunion		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1893.96
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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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 Ross for Congress Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte		Transaction ID: D136589
Mailing Address 430 South Capitol Street, SE		Date of Disbursement 09 / 25 / 2007
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Unlimited transfer to national part		Amount of Each Disbursement this Period 9525.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input 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
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Oliver's One Stop		Transaction ID: D136570
Mailing Address 221 Holly		Date of Disbursement 09 / 11 / 2007
City Prescott	State AR	Zip Code 71857
Purpose of Disbursement Auction item donation		Amount of Each Disbursement this Period 643.13
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input 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
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

9525.00

TOTAL This Period (last page this line number only) ►

41569.96