

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 2008 through 09 30 2008

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 2008

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	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	211958.00	1482246.61
(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)).....	211958.00	1482246.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	139673.10	748010.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	238.54	2136.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	139434.56	745874.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1059898.41	
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	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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).....

52524.00

356073.37

(ii) Unitemized.....

13359.00

86759.00

(iii) TOTAL of contributions

65883.00

442832.37

from individuals..... ▶

625.00

1777.49

(b) Political Party Committees.....

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

145450.00

1037636.75

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

211958.00

1482246.61

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

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.).....

238.54

2136.54

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

5250.17

49307.27

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

217446.71

1533690.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	139673.10	748010.77
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.....	47278.36	374491.77
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	186951.46	1122502.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1029403.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	217446.71
25. SUBTOTAL (add Line 23 and Line 24).....	1246849.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	186951.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1059898.41

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 142

(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)
Susan Akin

Mailing Address 2122 Hwy. 35 West

City Monticello State AR Zip Code 71655

FEC ID number of contributing federal political committee. C

Name of Employer Akin Industries Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C2940531

Amount of Each Receipt this Period 300.00

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

B.

Full Name (Last, First, Middle Initial)
Samuel Alexander

Mailing Address 108 E. Rush Avenue

City Harrison State AR Zip Code 72601-4326

FEC ID number of contributing federal political committee. C

Name of Employer Sam Alexander Pharmacy Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2008

Transaction ID: C2674074

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 Alford

Mailing Address 636 Lafayette 20

City Lewisville State AR Zip Code 71845

FEC ID number of contributing federal political committee. C

Name of Employer Farm Credit Services Occupation Dir.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2008

Transaction ID: C2657734

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) 800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 142
	(check only one)
<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"/>	<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) David I. Anderson	Date of Receipt MM / DD / YYYY 09 / 16 / 2008
	Mailing Address 5 Archers Green	Transaction ID: C2653982
	City State Zip Code Pine Bluff AR 71603-6276	Amount of Each Receipt this Period 100.00
	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 US Postal Service letter carrier	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) Greg Ashcraft	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 4 Powderhorn Court	Transaction ID: C2605114
	City State Zip Code Little Rock AR 72211	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 South AR Telephone Co. Controller	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) Nancy Crain Balton	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address PO Box 185	Transaction ID: C2609331
	City State Zip Code Wilson AR 72395	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 Occupation Self-Employed Farmer	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 142
(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

<p>A. Full Name (Last, First, Middle Initial) Bill Barnes</p> <p>Mailing Address P.O. Box 1268</p> <p>City State Zip Code Mount Ida AR 71957</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mountain Harbor Resort Resort Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 8</p> <p>Transaction ID: C2654018</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Richard E. Bell</p> <p>Mailing Address 2019 Beumer</p> <p>City State Zip Code Stuttgart AR 72160</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Arkansas Agriculture Dept. Secretary of Agriculture</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8</p> <p>Transaction ID: C2677314</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) John Boff</p> <p>Mailing Address 99 Boone Trail</p> <p>City State Zip Code Weaverville NC 28787</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The Medicine Shoppe Pharmacist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8</p> <p>Transaction ID: C2657575</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 142 (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

<p>A. Full Name (Last, First, Middle Initial) Porter Briggs</p> <p>Mailing Address PO Box 293</p> <p>City State Zip Code Washington AR 71862</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation A Briggs Passport, Inc. Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p>Transaction ID: C2609072</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>2300.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	8	2300.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	0		2	0	0	8													
2300.00																						

<p>B. Full Name (Last, First, Middle Initial) Bill C. Canada</p> <p>Mailing Address PO Box 185</p> <p>City State Zip Code Dumas AR 71639</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Meador Pharmacy Pharmacist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p>Transaction ID: C2654121</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	8	100.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	6		2	0	0	8													
100.00																						

<p>C. Full Name (Last, First, Middle Initial) Bud Canada</p> <p>Mailing Address 118 Second Street</p> <p>City State Zip Code Hot Springs AR 71913</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation n/a Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p>Transaction ID: C2654123</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	8	100.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	6		2	0	0	8													
100.00																						

<p>SUBTOTAL of Receipts This Page (optional)</p>	<table border="1" style="width: 100%;"> <tr><td>2500.00</td></tr> </table>	2500.00
2500.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 142
(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)
Abraham Carpenter, Jr.
Mailing Address PO Box 161

City State Zip Code
Grady AR 71644

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

Name of Employer Occupation
Carpenter Wholesale Produce Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: C2588362
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)
Robert Carver
Mailing Address 1000 Highway 71 N.

City State Zip Code
Mena AR 71953

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

Name of Employer Occupation
Bob Carver Chevrolet Car Dealer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 16 / 2008

Transaction ID: C2654130
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 B. Clark
Mailing Address 9273 Lerwick Drive

City State Zip Code
Dublin OH 43017-9492

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

Name of Employer Occupation
Clark & Associates Consultant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 10 / 2008

Transaction ID: C2614598
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 142
(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)
Brandon E. Cooper

Mailing Address 4904 Winged Foot Ln

City Jonesboro State AR Zip Code 72401-8155

FEC ID number of contributing federal political committee. C

Name of Employer: Soo's Pharmacy, Inc. Occupation: Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 08 / 14 / 2008

Transaction ID: C2597760

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)
Dennis Cossey

Mailing Address 51 Quercus Cir.

City Little Rock State AR Zip Code 72223

FEC ID number of contributing federal political committee. C

Name of Employer: ThermoEnergy Occupation: CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 02 / 2008

Transaction ID: C2346433

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)
Calvin Clinton Czeschin, Jr.

Mailing Address PO box 1965

City Mountain Home State AR Zip Code 72654-1965

FEC ID number of contributing federal political committee. C

Name of Employer: Yelcot Telephone co. Occupation: President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2008

Transaction ID: C2605116

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) 1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 142
(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)
Tom Daniel

Mailing Address 2194 Higdon Ferry Rd.

City State Zip Code
Hot Springs AR 71913

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

Name of Employer Occupation
Spa Fireworks Owner

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

Amount of Each Receipt this Period
500.00

Transaction ID: C2940495

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

B. Full Name (Last, First, Middle Initial)
Jared A. Davis

Mailing Address 5155 Financial Way

City State Zip Code
Mason OH 45040-7447

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

Name of Employer Occupation
CNG Financial Executive

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

Amount of Each Receipt this Period
2000.00

Transaction ID: C2614591

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

C. Full Name (Last, First, Middle Initial)
Lawrence A. Davis, Jr.

Mailing Address 1501 University Dr.

City State Zip Code
Pine Bluff AR 71601

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

Name of Employer Occupation
UAPB Chancellor

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

Amount of Each Receipt this Period
199.00

Transaction ID: C2654029

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

SUBTOTAL of Receipts This Page (optional) ► **2699.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 142
(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)
John H. Dawson, Sr.
Mailing Address 1724 Edgemere St
City Camden State AR Zip Code 71701-3147
FEC ID number of contributing federal political committee. **C**
Name of Employer John Dawson Insurance Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt 09 / 29 / 2008
Transaction ID: C2676574
Amount of Each Receipt this Period 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Janet K. DeFee
Mailing Address 355 Sandy Point
City Hartsville State SC Zip Code 29550
FEC ID number of contributing federal political committee. **C**
Name of Employer Sandhills Pharmacy Occupation Pharmacist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2250.00
Date of Receipt 07 / 28 / 2008
Transaction ID: C2588363
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)
Dave Dickson
Mailing Address 157 White Oak Ln.
City Monticello State AR Zip Code 71655
FEC ID number of contributing federal political committee. **C**
Name of Employer Union Bank & Trust Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C2940542
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) ▶ **950.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 142
	<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 N. Dishman		Date of Receipt
	Mailing Address 735 Heinzwood Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2008
	City	State	Zip Code
	Lawton	OK	73505
	FEC ID number of contributing federal political committee. C		Transaction ID: C2673970
Name of Employer Dishman's Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Jill R. Dukas		Date of Receipt
	Mailing Address 104 Straskan Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2008
	City	State	Zip Code
	St. Simons Island	GA	31522
	FEC ID number of contributing federal political committee. C		Transaction ID: C2657730
Name of Employer Dukas Drug, Inc.		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 350.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Sally M. Edmonds		Date of Receipt
	Mailing Address P.O. Box 10931		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2008
	City	State	Zip Code
	El Dorado	AR	71730
	FEC ID number of contributing federal political committee. C		Transaction ID: C2676586
Name of Employer n/a		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 142
(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)
Vickie Egleston
 Mailing Address 134 Iron Mountain Marina Drive
 City Arkadelphia State AR Zip Code 71923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iron Mountain Marina Occupation Resort Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt 09 / 16 / 2008
Transaction ID: C2654011
 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)
Robert Epps
 Mailing Address P.O. Box 1124
 City Hope State AR Zip Code 71801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETS Properties LLC Occupation Owner/Manager
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00
 Date of Receipt 09 / 16 / 2008
Transaction ID: C2654063
 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)
William L. Ferren
 Mailing Address 4005 King Richard Circle
 City Pine Bluff State AR Zip Code 71603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB Oil Company, Inc. Occupation Petro Manufacturer
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
 Date of Receipt 09 / 29 / 2008
Transaction ID: C2677331
 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) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 142
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Gary Flippo

Mailing Address PO Box 550

City Walnut Ridge State AR Zip Code 72476

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

Name of Employer RxHouse Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 374.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C2940475
 Amount of Each Receipt this Period 75.00

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 ▼ 1000.00

Date of Receipt 09 / 10 / 2008
Transaction ID: C2614599
 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)
John B. Frazer, Jr.

Mailing Address PO Box 751

City Warren State AR Zip Code 71671

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

Name of Employer Frazer Funeral Home Occupation Funeral Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 16 / 2008
Transaction ID: C2654117
 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) ► 1575.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 142
	(check only one)
<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"/>	<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) Cliff C. Gibson, III		Date of Receipt
	Mailing Address PO Drawer 447		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2008
	City	State	Zip Code
	Monticello	AR	71657-0447
	FEC ID number of contributing federal political committee.		Transaction ID: C2653973
Name of Employer Gibson & Hashem, P.L.C.		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Gregory R. Giles		Date of Receipt
	Mailing Address 7 Pine Trail Cir.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2008
	City	State	Zip Code
	Texarkana	AR	71854
	FEC ID number of contributing federal political committee.		Transaction ID: C2677446
Name of Employer Self-Employed		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) David Glass		Date of Receipt
	Mailing Address 17 Glenbrook		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2008
	City	State	Zip Code
	Bentonville	AR	72712
	FEC ID number of contributing federal political committee.		Transaction ID: C2674103
Name of Employer n/a		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 142
(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)
Reginald Glover

Mailing Address 252 Tracy Drive

City Monticello State AR Zip Code 71655-0150

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

Name of Employer Commercial Bank & Trust Co. Occupation President and CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C2674028
 Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Mary L. Good

Mailing Address 13824 Rivercrest Drive

City Little Rock State AR Zip Code 72212

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

Name of Employer University of AR, Little Rock Occupation Dean and Prof.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C2673974
 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)
Gene Graves

Mailing Address 2 Valley Crest Court

City Little Rock State AR Zip Code 72223

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

Name of Employer I Care of Arkansas Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2008
Transaction ID: C2677305
 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) ▶ **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 142
(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)
Mary Ann Greenwood
 Mailing Address PO Box 4278
 City Fayetteville State AR Zip Code 72702-4278
 FEC ID number of contributing federal political committee. C
 Name of Employer Greenwood & Assoc Occupation Investment Advisor
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C2674105
 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)
Reed Greenwood
 Mailing Address PO Box 4278
 City Fayetteville State AR Zip Code 72702
 FEC ID number of contributing federal political committee. C
 Name of Employer University of AR Occupation Professor
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C2674111
 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)
Jeral L. Hampton
 Mailing Address Box 238
 City Booneville State AR Zip Code 72927
 FEC ID number of contributing federal political committee. C
 Name of Employer First Western Bank Occupation Banker
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt 09 / 16 / 2008
Transaction ID: C2654080
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 142
(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)
Floyd D. Harnagel

Mailing Address 4674 Glen Dr
Alcova Route

City Casper State WY Zip Code 82604-9272

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

Name of Employer Bi-Rite Healthmart Drug Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C2673954
 Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
George T. Harris

Mailing Address 107 Day Drive

City Monticello State AR Zip Code 71655

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

Name of Employer Commercial Bank and Trust Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C2940537
 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)
Wanda H. Hartz

Mailing Address 82 Northcutt Ln.

City Stuttgart State AR Zip Code 72160

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 ▼ 250.00

Date of Receipt 09 / 16 / 2008
Transaction ID: C2654028
 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) ► **1350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 142
(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

<p>A. Full Name (Last, First, Middle Initial) Ken Hawkins</p> <p>Mailing Address 802 West Gore Boulevard</p> <p>City State Zip Code <u>Lawton</u> OK 73501-3721</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ken's RX Special Occupation Pharmacist</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 09 / 23 / 2008</p> <p>Transaction ID: C2674018</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) William P. Hegmann</p> <p>Mailing Address 914 Clear Creek</p> <p>City State Zip Code <u>Texarkana</u> TX 75503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Southwest AR Telephone Co-operative Occupation General Manager</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 20 / 2008</p> <p>Transaction ID: C2605107</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Bobby L. Howell</p> <p>Mailing Address 1 Knotty Pine Place</p> <p>City State Zip Code <u>Texarkana</u> TX 75503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3000.00</p>	<p>Date of Receipt 09 / 23 / 2008</p> <p>Transaction ID: C2673987</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 142
(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)
Ken Hughes

Mailing Address 4061 Bellaire Blvd
F

City State Zip Code
Houston TX 77025-1121

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Greenpark Pharmacy Pharmacist

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

Date of Receipt

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

Transaction ID: C2480384

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)
Richard L. Irby

Mailing Address 1513 Burmeister

City State Zip Code
Fort Worth TX 76134

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hallmark Pharmacy Pharmacist

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

Date of Receipt

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

Transaction ID: C2676582

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Thomas H. Johnson

Mailing Address 410 Hickory Street

City State Zip Code
Texarkana AR 71854-5449

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Attorney

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Transaction ID: C2605097

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) 1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 142
	(check only one)
<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"/>	<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) Larry F. Kimbel		Date of Receipt
	Mailing Address 1442 Westwood		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 29 / 2008
	City	State	Zip Code
	Mexico	MO	65265-1175
	FEC ID number of contributing federal political committee.		Transaction ID: C2676575
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer The Drive In Pharmacy		Occupation Pharmacist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		250.00	

B.	Full Name (Last, First, Middle Initial) Mike Kinard		Date of Receipt
	Mailing Address Box 727		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 16 / 2008
	City	State	Zip Code
	Magnolia	AR	71754-0727
	FEC ID number of contributing federal political committee.		Transaction ID: C2654137
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Kinard, Crane & Butler, P.A.		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		250.00	

C.	Full Name (Last, First, Middle Initial) Calvin Lackman		Date of Receipt
	Mailing Address 1200 N. Bradley		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 16 / 2008
	City	State	Zip Code
	El Dorado	AR	71730
	FEC ID number of contributing federal political committee.		Transaction ID: C2654055
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer AT&T		Occupation Comm Tech	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		375.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 325.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 142

(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)
Gerald Lavengood

Mailing Address 220 E. Oak Street

City State Zip Code
Villa Park IL 60181

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2008

Transaction ID: C2674080

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Joseph P. Lech

Mailing Address 13 Rockledge Lane

City State Zip Code
Tunkhannock PA 18657

FEC ID number of contributing federal political committee. C

Name of Employer Lech's Pharmacy Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 725.00

Date of Receipt 09 / 23 / 2008

Transaction ID: C2674076

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Van E. Lee, Jr.

Mailing Address 123 West Madison

City State Zip Code
Bastrop LA 71220

FEC ID number of contributing federal political committee. C

Name of Employer Lee's City Drug Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C2940502

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) 450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 142
(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)
Joseph K. Mahony, II
Mailing Address 106 W. Main, Suite 406

City State Zip Code
El Dorado AR 71730-5693

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mahony & Yocum Attorney

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	8

Transaction ID: C2653988

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)
Thomas V. Maxwell
Mailing Address 1010 Barkada Rd.

City State Zip Code
Monticello AR 71655

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Maxwell Hardwood Flooring President/CEO

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: C2940526

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)
Sharon Mazzanti
Mailing Address 1712 S Lakeshore Dr

City State Zip Code
Lake Village AR 71653

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
n/a Homemaker

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	8

Transaction ID: C2654116

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) 1700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 142
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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) Randy McCaslin		Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address PO Box 642		Transaction ID: C2605108
	City Clinton	State AR	Zip Code 72031
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer Arkansas Telephone Company	Occupation Telecommunications	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

B.	Full Name (Last, First, Middle Initial) John McClendon		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address P.O. Box 210		Transaction ID: C2940524
	City Monticello	State AR	Zip Code 71657
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer SEARK Marine	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Zach McClendon, Jr.		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address PO Box 270		Transaction ID: C2940552
	City Monticello	State AR	Zip Code 71657
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Union Bank & Trust	Occupation Chairman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 142

(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)
Robert McCrary, Jr.

Mailing Address 105 Jeff Street, 0783

City State Zip Code
Hot Springs AR 71901-7254

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

Name of Employer Occupation
Self-Employed 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
0 9 / 2 3 / 2 0 0 8

Transaction ID: C2674090

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)
Stella McCrary

Mailing Address 105 Jeff Street

City State Zip Code
Hot Springs AR 71901

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

Name of Employer Occupation
n/a Housewife

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C2674087

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)
Margaret McGough

Mailing Address 202 Highway 372

City State Zip Code
Emmet AR 71835-9049

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
0 9 / 2 3 / 2 0 0 8

Transaction ID: C2673948

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) ▶

750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 142

(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)
Jimmie D. McKissack

Mailing Address 3418 Hwy. 65 South

City State Zip Code
Pine Bluff AR 71601

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

Name of Employer Occupation
Self-Employed Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: C2674004

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)
Jean E. McWilliams

Mailing Address 757 Cherokee Road

City State Zip Code
Cedartown GA 30125

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

Name of Employer Occupation
Temple Pharmacy, Inc. Pharmacist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2008

Transaction ID: C2654061

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)
Sue C. Meador

Mailing Address 400 Court Street

City State Zip Code
Dumas AR 71639

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) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: C2674153

Amount of Each Receipt this Period

75.00

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

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 142
(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)
Byron K. Mitchell

Mailing Address 100 Legion St

City State Zip Code
Kennett MO 63857-2620

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

Name of Employer Mitchell Pharmacy, Inc. Occupation Pharmacist

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

Amount of Each Receipt this Period: 100.00

Transaction ID: C2674000

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

B. Full Name (Last, First, Middle Initial)
Kelly Mitchell

Mailing Address 7503 Volga

City State Zip Code
Texarkana TX 75503

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

Name of Employer Texar Federal CU Occupation President, CEO

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

Amount of Each Receipt this Period: 250.00

Transaction ID: C2346564

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

C. Full Name (Last, First, Middle Initial)
Swan B. Moss, Jr.

Mailing Address 190 Buckner Lane

City State Zip Code
Dermott AR 71638

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

Name of Employer Moss Farms Fish Division Occupation Farmer

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

Amount of Each Receipt this Period: 500.00

Transaction ID: C2940546

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

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 142
(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)
Theodosia Nolan

Mailing Address 200 North Jefferson Avenue, Ste. 3

City State Zip Code
El Dorado AR 71730

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 ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: C2657728

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)
M.N. Osborne

Mailing Address 3417 E. 54th St.

City State Zip Code
Texarkana AR 71854

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

Name of Employer Osborne & Associates Occupation Nursing Home Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: C2673997

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)
Billye June Owen

Mailing Address 19 Colonial Drive

City State Zip Code
Texarkana AR 71854

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

Name of Employer College Hill Drug, Inc. Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: C2940481

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 142
(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)
David L. Parker

Mailing Address 1700 N. Shackelford

City State Zip Code
Little Rock AR 72212

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

Name of Employer Occupation
Parker Automotive Group Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2008

Transaction ID: C2588360

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)
David M. Parks

Mailing Address P.O. Box 7

City State Zip Code
Prairie Grove AR 72753

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

Name of Employer Occupation
Prairie Grove Telephone Co. President

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2008

Transaction ID: C2605113

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)
Cal Partee, Jr.

Mailing Address PO Box 667

City State Zip Code
Magnolia AR 71754-0667

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

Name of Employer Occupation
Partee Flooring Mill Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2008

Transaction ID: C2674166

Amount of Each Receipt this Period
800.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 142
(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)
Hubert L. Perkins

Mailing Address 128 Grant Prairie Road

City Franklin State TX Zip Code 77856

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

Name of Employer Self-Employed Occupation Pharmacist

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

Amount of Each Receipt this Period 250.00

Transaction ID: C2654058

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

B. Full Name (Last, First, Middle Initial)
Deloris E. Peterson

Mailing Address P.O. Box 666

City Dumas State AR Zip Code 71639

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

Name of Employer Self-Employed Occupation Rentals-Investments

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

Amount of Each Receipt this Period 500.00

Transaction ID: C2654016

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

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

Mailing Address PO Box 536

City Monticello State AR Zip Code 71655

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

Name of Employer JP Price Company Occupation President

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

Amount of Each Receipt this Period 500.00

Transaction ID: C2673965

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 142
(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)
Robert E. Price

Mailing Address PO Box 154

City State Zip Code
Antoine AR 71922

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C2674106

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Jeff Prince

Mailing Address 211 East Stadium

City State Zip Code
Magnolia AR 71753

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

Name of Employer Prince Pharmacy Occupation Pharmacist

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 / 1 7 / 2 0 0 8

Transaction ID: C2653969

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)
Gus Pugh, Jr.

Mailing Address Box 112

City State Zip Code
Portland AR 71663

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C2674171

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) ► **1100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 142

(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)
Pearl Dean Ralph

Mailing Address 123 Burning Tree Court

City State Zip Code
Hot Springs AR 71913

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
09 / 16 / 2008

Transaction ID: C2654030

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Eugenia W. Raper

Mailing Address 191 West Main Street

City State Zip Code
Ashdown AR 71822

FEC ID number of contributing federal political committee. C

Name of Employer The Corner Pharmacy Occupation Pharmacist

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 / 16 / 2008

Transaction ID: C2654066

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)
Stanley E. Reed

Mailing Address 114 Lee Rd. 316

City State Zip Code
Marianna AR 72360

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Farmer

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

Date of Receipt M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: C2588366

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) 850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 142
(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)
Lane A. Reynolds

Mailing Address PO Box 809

City State Zip Code
Hampton AR 71744

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

Name of Employer Occupation
South AR Telephone Co. Telecommunications

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

Date of Receipt
MM / DD / YYYY
08 / 20 / 2008

Transaction ID: C2605109

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)
Steve Richardson

Mailing Address PO Box 907

City State Zip Code
Warren AR 71671

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

Name of Employer Occupation
Richardson Wood Co., Inc. Logger

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

Date of Receipt
MM / DD / YYYY
08 / 28 / 2008

Transaction ID: C2608563

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)
Frances A. Ross

Mailing Address 413 Manor Rd.

City State Zip Code
Prescott AR 71857

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) ▼

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C2940505

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) ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 142
(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)
Bonnie A. Routon

Mailing Address 601 East Fourteenth Street

City Hope State AR Zip Code 71801

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 09 / 16 / 2008
Transaction ID: C2654118
 Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Bennie Ryburn, III

Mailing Address PO Box 390

City Monticello State AR Zip Code 71657-0390

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

Name of Employer Ryburn Automotive Superstore Occupation Dealer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C2940535
 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)
Max Salvatore

Mailing Address 63 Newtown Road

City Hampton Bays State NY Zip Code 11946

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

Name of Employer Stony Brook Pharmacy, Inc. Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 09 / 23 / 2008
Transaction ID: C2674114
 Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 142
(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)
Joe C. Shrum
Mailing Address PO Box D
City State Zip Code
Huntsville AR 72740
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Madison Co. Telephone Owner
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 8 / 2 0 / 2 0 0 8
Transaction ID: C2605110
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)
Tom Starr Shrum
Mailing Address PO Box 355
City State Zip Code
Huntsville AR 72740-0355
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Madison County Telephone Company Owner
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 8 / 2 0 / 2 0 0 8
Transaction ID: C2605111
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)
H.L. L. Slate, Buddy
Mailing Address 212 Center St.
Suite 350
City State Zip Code
Little Rock AR 72201-2434
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8
Transaction ID: C2657729
Amount of Each Receipt this Period
100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 142
(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)
J. Richard Smithwick
Mailing Address 213 Allen Dr
City Monticello State AR Zip Code 71655-4478
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C2940540
Amount of Each Receipt this Period 50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
J. Richard Smithwick
Mailing Address 213 Allen Dr
City Monticello State AR Zip Code 71655-4478
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C2940543
Amount of Each Receipt this Period 50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Douglas Stadter
Mailing Address 1800 Dorado Beach Drive
City Little Rock State AR Zip Code 72212
FEC ID number of contributing federal political committee. **C**
Name of Employer Centers for Youth and Families Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 30 / 2008
Transaction ID: C2940520
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) ► 350.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 142
(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)
Ray Stalnaker
Mailing Address 11800 Arch St.
City Little Rock State AR Zip Code 72206
FEC ID number of contributing federal political committee. **C**
Name of Employer Mechanics Limited Occupation Corporate Sec
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 23 / 2008
Transaction ID: C2674086
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)
H. Nestor Stewart
Mailing Address 1100 Smithville Hwy., #114
City Mc Minnville State TN Zip Code 37110-1635
FEC ID number of contributing federal political committee. **C**
Name of Employer Stewart Plaza Pharmacy Occupation Pharmacist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 550.00
Date of Receipt 09 / 16 / 2008
Transaction ID: C2654059
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Henry Donald Stone
Mailing Address PO Box 394
City Magazine State AR Zip Code 72943
FEC ID number of contributing federal political committee. **C**
Name of Employer Magazine Telephone Company Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 09 / 16 / 2008
Transaction ID: C2654073
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) ▶ 2650.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 142
(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)
Daniel C. Tate, Jr.

Mailing Address 4510 Wetherill Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Capitol Solutions Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C2591286

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)
Larry C. Townes

Mailing Address P.O. Box 729

City State Zip Code
Lewisville AR 71845

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

Name of Employer Townes Telecommunications Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2008

Transaction ID: C2609330

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)
James W. Waymack

Mailing Address 3616 Highway 51 South

City State Zip Code
Arkadelphia AR 71923

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

Name of Employer Self-Employed Occupation Veterinarian

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: C2674133

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) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 142
(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)
David L. Wells

Mailing Address PO Box 809

City State Zip Code
Hampton AR 71744

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

Name of Employer Occupation
South AR Telephone Co. Telecommunications

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

Date of Receipt
MM / DD / YYYY
08 / 20 / 2008

Transaction ID: C2605112

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)
John R. Williams

Mailing Address P.O. Box 425
355 N. Grant

City State Zip Code
Booneville AR 72927

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

Name of Employer Occupation
Self-Employed Attorney at Law

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

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: C2677327

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Bill Wisener

Mailing Address 124 Hungerun Estate

City State Zip Code
Monticello AR 71655

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

Name of Employer Occupation
Simmons First Bank of South AR Banker

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

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C2940536

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 142
(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)
Dennis R. Young

Mailing Address PO Box 1825

City State Zip Code
Texarkana TX 75504

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

Name of Employer Occupation
Young & Youngblood Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: C2676576

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)
De Justo J. Zayas Pizarro

Mailing Address P.O. Box 378

City State Zip Code
Coamo PR 00769

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

Name of Employer Occupation
Farmacia San Blas Pharmacist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: C2677328

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Richard Lang Zimmerman

Mailing Address PO Box 1985

City State Zip Code
Mountain Home AR 72654

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

Name of Employer Occupation
Yelcot Telephone Co. Executive

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2008

Transaction ID: C2605118

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) ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 142
(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)
RG Joint Ventures LLC

Mailing Address 1215 Rebsamen Park Rd.

City Little Rock State AR Zip Code 72202

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 16 / 2008
Transaction ID: C2654138
 Amount of Each Receipt this Period: 500.00

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)
Gordon Gondek

Mailing Address 1215 Rebsamen Park Rd.

City Little Rock State AR Zip Code 72202

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

Name of Employer Occupation
RG Joint Ventures LLC Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 16 / 2008
Transaction ID: C2654141
 Amount of Each Receipt this Period: 250.00

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

[MEMO ITEM]
*

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

Mailing Address 1215 Rebsamen Park Rd.

City Little Rock State AR Zip Code 72202

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

Name of Employer Occupation
RG Joint Ventures LLC Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 16 / 2008
Transaction ID: C2654140
 Amount of Each Receipt this Period: 250.00

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

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶ **52524.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 142
 (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)
Nevada County Democratic Committee

Mailing Address PO Box 835

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 ▼
 625.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: C2674182

Amount of Each Receipt this Period
 625.00

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

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	625.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 142

(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)
AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLA

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 ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C3009617

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)
AGL RESOURCES INC. - PAC

Mailing Address PO BOX 4569
Loc 1461

City State Zip Code
ATLANTA GA 30302

FEC ID number of contributing federal political committee. **C** C00145037

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 / 22 / 2008

Transaction ID: C2480386

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)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 Massachusetts Ave. NW
8th Floor

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2008

Transaction ID: C2597749

Amount of Each Receipt this Period

2500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 142
(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)
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 ▼ 10000.00

Date of Receipt

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

Transaction ID: C2657582

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)
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 ▼ 10000.00

Date of Receipt

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

Transaction ID: C2657612

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)
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 ▼ 10000.00

Date of Receipt

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

Transaction ID: C2657613

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) ► **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 142

(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)
ALBEMARLE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 330 South Fourth Street

City Richmond State VA Zip Code 23219

FEC ID number of contributing federal political committee. C C00377333

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 / 2 5 / 2 0 0 8

Transaction ID: C2678809

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)
Amer Soc of Consultant Pharm PAC

Mailing Address 1321 DUKE ST

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. C C00199547

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
0 9 / 1 8 / 2 0 0 8

Transaction ID: C2657592

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)
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 ▼ 3500.00

Date of Receipt M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C2597734

Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) 7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 142
(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)
American Association for Justice PAC

Mailing Address 1050 31st Street N.W.

City Washington State DC Zip Code 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 ▼ 10000.00

Date of Receipt: 09 / 10 / 2008
Transaction ID: C2614605

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)
American Association for Justice PAC

Mailing Address 1050 31st Street N.W.

City Washington State DC Zip Code 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 ▼ 10000.00

Date of Receipt: 09 / 10 / 2008
Transaction ID: C2614607

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 BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW
Suite 600

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 ▼ 10000.00

Date of Receipt: 09 / 23 / 2008
Transaction ID: C2674201

Amount of Each Receipt this Period: 2500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 142

(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)
AMERICAN CHEMISTRY COUNCIL PAC

Mailing Address 1300 Wilson Boulevard
Attn: Martin Durbin

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00252338

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 / 30 / 2008

Transaction ID: C2940577

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 CRYSTAL SUGAR COMPANY POLITICAL ACTION CO

Mailing Address 101 North 3rd Street

City State Zip Code
Moorhead MN 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 ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: C2674198

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 ELECTRIC POWER COMMITTEE FOR RESPONSIBLE

Mailing Address 1 Riverside Plaza - 26th Floor
P.O. Box 16036

City State Zip Code
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2008

Transaction ID: C2597755

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 142
(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)
AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE

Mailing Address 1 Riverside Plaza - 26th Floor
P.O. Box 16036

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C2940568
 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 GAS ASSOCIATION

Mailing Address 400 N. Capitol Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 01 / 2008
Transaction ID: C2591382
 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 MEAT INSTITUTE PAC

Mailing Address 1150 Connecticut Ave.
Suite 1200

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00024281

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2008
Transaction ID: C2657597
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 142

(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)
AMERICAN PHYSICAL THERAPY ASSOCIATION PAC

Mailing Address 1111 North Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C2940563

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)
American Podiatric Medical Assn PPAC

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: C2674196

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)
American Society Of Association Executives PAC

Mailing Address 1575 I Street 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 ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: C2674193

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) ▶

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 142
(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)
AMERICANS FOR THE ARTS ACTION FUND PAC

Mailing Address 1000 Vermont Avenue NW 6th Floor
6th Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00410126

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 / 23 / 2008

Transaction ID: C2678807

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)
AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COM

Mailing Address 1300 Morris Drive
Suite 100

City Chesterbrook State PA Zip Code 19355

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 18 / 2008

Transaction ID: C2657596

Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
ASSOCIATION OF KENTUCKY FRIED CHICKEN FRANCHISEES

Mailing Address P.O. Box 26366

City Alexandria State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00412098

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 / 10 / 2008

Transaction ID: C2614600

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) ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 142
(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)
BRINKER INTERNATIONAL INC POLITICAL ACTION COMMITTEE

Mailing Address 6820 LBJ Freeway

City State Zip Code
DALLAS TX 75240

FEC ID number of contributing federal political committee. **C** C00241851

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
0	7	/	1	5	/	2	0	0	8

Transaction ID: C2464211

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)
BUNGE NORTH AMERICA INC POLITICAL ACTION COMMITTEE

Mailing Address 750 FIRST STREET NE SUITE 1070

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00401687

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	/	1	8	/	2	0	0	8

Transaction ID: C2657601

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)
Carpenters Legis Improve Cmte

Mailing Address 101 Constitution Ave NW
Tenth Floor West

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

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
0	7	/	2	8	/	2	0	0	8

Transaction ID: C2588370

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 142

(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)
CHARLES SCHWAB CORPORATION POLITICAL ACTION COMMIT

Mailing Address 101 Montgomery St SF120KNY6-305
Suite 740

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C** C00370114

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 / 30 / 2008

Transaction ID: C2940566

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)
CHESAPEAKE ENERGY CORPORATION FED-PAC

Mailing Address P.O. Box 18496

City State Zip Code
Oklahoma City OK 73154

FEC ID number of contributing federal political committee. **C** C00389288

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
07 / 22 / 2008

Transaction ID: C2573779

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 State Zip Code
Bartlesville OK 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 ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C2679360

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 142
(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)
CONSTELLATION ENERGY GROUP INC. FEDERAL PAC

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

City Baltimore State MD Zip Code 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 ▼ 2000.00

Date of Receipt MM / DD / YYYY
08 / 20 / 2008

Transaction ID: C2605181

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)
CropLife America PAC

Mailing Address 1156 15TH STREET NW SUITE 400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00248849

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
09 / 29 / 2008

Transaction ID: C2677432

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)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 Pennsylvania Avenue, NW
South Building, Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt MM / DD / YYYY
09 / 22 / 2008

Transaction ID: C2678810

Amount of Each Receipt this Period 2500.00

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)
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FOR LINE NUMBER: PAGE 55 / 142
 (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)
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATIO
Mailing Address P O BOX 909700

City State Zip Code
KANSAS CITY MO 64190

FEC ID number of contributing federal political committee. **C** C00001388

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
 0 9 / 3 0 / 2 0 0 8

Transaction ID: C2940553

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)
Dealers Election Action Cmte of NADA
Mailing Address 8400 Westpark Drive

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 6 / 2 0 0 8

Transaction ID: C2657579

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)
DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITT
Mailing Address P.O. Box 365

City State Zip Code
Washington DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

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
 0 9 / 0 3 / 2 0 0 8

Transaction ID: C2609336

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) ► **6500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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(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)
DUKE ENERGY CORPORATION PAC

Mailing Address 400 South Tryon Street ST06F

City State Zip Code
Charlotte NC 28285

FEC ID number of contributing federal political committee. **C** C00083535

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
0	8	/	1	3	/	2	0	0	8

Transaction ID: C2597754

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)
DUKE ENERGY CORPORATION PAC

Mailing Address 400 South Tryon Street ST06F

City State Zip Code
Charlotte NC 28285

FEC ID number of contributing federal political committee. **C** C00083535

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
0	9	/	3	0	/	2	0	0	8

Transaction ID: C2940575

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)
DUNKIN BRANDS INC POLITICAL ACTION COMMITTEE

Mailing Address 130 ROYALL STREET

City State Zip Code
CANTON MA 02021

FEC ID number of contributing federal political committee. **C** C00431544

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	8	/	0	8	/	2	0	0	8

Transaction ID: C2593997

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

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 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)
EMBARQ CORPORATION EMPLOYEES' POLITICAL ACTION COM

Mailing Address 150 Fayetteville Street Mall
Suite 2810

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 08 / 11 / 2008
Transaction ID: C2594068
 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)
EMERSON ELECTRIC CO RESPONSIBLE GOVERNMENT FUND

Mailing Address 8000 W FLORISSANT STATION 2310

City ST LOUIS State MO Zip Code 63136

FEC ID number of contributing federal political committee. **C** C00080515

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 09 / 25 / 2008
Transaction ID: C2678808
 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)
ENTERGY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 425 W Capitol Ave
Ste 40B

City Little Rock State AR Zip Code 72201-3401

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 08 / 21 / 2008
Transaction ID: C2605705
 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

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 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)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXE)
Mailing Address 10 SOUTH DEARBORN
City CHICAGO State IL Zip Code 60603
FEC ID number of contributing federal political committee. **C** C00141218
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 08 / 20 / 2008
Transaction ID: C2605180
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)
FEDERATION OF AMERICAN HOSPITALS PAC (FEDPAC); (FK)
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245
City WASHINGTON State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00002261
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: C2594067
Amount of Each Receipt this Period: 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
FIRST ENERGY POLITICAL ACTION COMMITTEE
Mailing Address 76 South Main Street
City Akron State OH Zip Code 44308
FEC ID number of contributing federal political committee. **C** C00140855
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 08 / 13 / 2008
Transaction ID: C2597751
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) ► 5000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 59 / 142
(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)
FOREST LANDOWNERS ASSOCIATION INC. POLITICAL ACTIO

Mailing Address 900 Circle 75 Parkway
Suite 205

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00242040

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 07 / 30 / 2008
Transaction ID: C2594064
 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)
FPL PAC FLORIDA POWER & LIGHT CO EMPLOYEES POLITIC

Mailing Address 700 Universe Blvd.
P.O. BOX 14000

City Juno Beach State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 08 / 13 / 2008
Transaction ID: C2597752
 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)
GENCORP POLITICAL ACTION COMMITTEE (GENPAC)

Mailing Address P.O. BOX 13222

City SACRAMENTO State CA Zip Code 95813

FEC ID number of contributing federal political committee. **C** C00129122

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 09 / 18 / 2008
Transaction ID: C2657614
 Amount of Each Receipt this Period: 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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(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)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION

Mailing Address 2941 Fairview Park Dr.
Suite 100

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

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
0 9 / 2 3 / 2 0 0 8

Transaction ID: C2674186

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)
GGNSC HOLDINGS LLC/GOLDEN HORIZONS CARE PAC

Mailing Address 1250 H Street NW
Suite 555

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00346346

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: C2657595

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)
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL

Mailing Address 1615 L Street NW
Suite 900

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: C2674191

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)
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Use separate schedule(s)
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 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL

Mailing Address 412 First Street, SE, Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C2940555
 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 ASSOCIATION OF AMUSEMENT PARKS AND A

Mailing Address 1448 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144154

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2008
Transaction ID: C2657589
 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)
INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA POLI

Mailing Address 10 G STREET NE Suite 700

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00116145

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 20 / 2008
Transaction ID: C2605179
 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)
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 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)
Intl Assn of Fire Fighters FIREPAC
Mailing Address 1750 New York Ave NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00029447
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt: 09 / 29 / 2008
Transaction ID: C2677436
Amount of Each Receipt this Period: 4000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
LENNOX EMPLOYEE ADVOCACY PROGRAM (LEAP) FKA LENNOX
Mailing Address P O BOX 799900
City DALLAS State TX Zip Code 75379
FEC ID number of contributing federal political committee. **C** C00116996
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00
Date of Receipt: 09 / 03 / 2008
Transaction ID: C2609335
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)
Livestock Marketing Association PAC
Mailing Address 10510 NW AMBASSADOR DRIVE
City KANSAS CITY State MO Zip Code 64153
FEC ID number of contributing federal political committee. **C** C00244400
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 09 / 18 / 2008
Transaction ID: C2657584
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) ► **8500.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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 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)
Michael Burris Political Campaign
Mailing Address 2911 Dyer St
City Malvern State AR Zip Code 72104-6118
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 13 / 2008
Transaction ID: C2597748
Amount of Each Receipt this Period 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Permissible funds

B. Full Name (Last, First, Middle Initial)
MIDWEST REGION LABORERS' POLITICAL LEAGUE
Mailing Address 117 SOUTH FIFTH STREET SUITE 720
City SPRINGFIELD State IL Zip Code 62701
FEC ID number of contributing federal political committee. **C** C00342907
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 28 / 2008
Transaction ID: C2610080
Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AN
Mailing Address 1771 N Street NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00009985
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 18 / 2008
Transaction ID: C2657594
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) ▶ **6200.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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(check only one)
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 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 CABLE AND TELECOMMUNICATIONS ASSOCIATION
 Mailing Address 25 Massachusetts Avenue, NW #100
 City Washington State DC Zip Code 20001
 Date of Receipt 09 / 16 / 2008
 Transaction ID: C2654133
 Amount of Each Receipt this Period 5000.00
 FEC ID number of contributing federal political committee. **C** C00010082
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date 10000.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE
 Mailing Address 1015 FIFTEENTH STREET NW
 City WASHINGTON State DC Zip Code 20005
 Date of Receipt 09 / 30 / 2008
 Transaction ID: C2940560
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00034272
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date 3000.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEM
 Mailing Address PO BOX 820292
 City MEMPHIS State TN Zip Code 38182
 Date of Receipt 09 / 30 / 2008
 Transaction ID: C2940558
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00023028
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date 7500.00
 Primary General
 Other (specify) ▼
 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)
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 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 EMERGENCY MEDICINE POLITICAL ACTION COMMI

Mailing Address 1125 Executive Circle

City Irving State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 29 / 2008
Transaction ID: C2594065
 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)
National Thoroughbred Racing Assn. PAC

Mailing Address 2525 Harrodsburg Road

City LEXINGTON State KY Zip Code 40504

FEC ID number of contributing federal political committee. **C** C00360008

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 18 / 2008
Transaction ID: C2657585
 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)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16th St NW Ste 420

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: C3009603
 Amount of Each Receipt this Period 3500.00

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

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 142

(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)
NORTHWEST AIRLINES POLITICAL ACTION COMMITTEE

Mailing Address 1212 New York Avenue NW
Suite 200

City Washington State DC Zip Code 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 ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C2597765

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)
NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION

Mailing Address 1776 I Street NW 4th Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. C C00239848

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
0 9 / 0 3 / 2 0 0 8

Transaction ID: C2609333

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)
OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION

Mailing Address 10889 Wilshire Blvd.

City Los Angeles State CA Zip Code 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 ▼ 5500.00

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

Transaction ID: C2610079

Amount of Each Receipt this Period 2500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 142
(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)
OKLAHOMA INDEPENDENT PETROLEUM ASSOCIATION FEDERAL

Mailing Address 3555 NW 58TH STREET SUITE 400

City State Zip Code
OKLAHOMA CITY OK 73112

FEC ID number of contributing federal political committee. **C** C00444430

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
 0 9 / 2 9 / 2 0 0 8

Transaction ID: C2677442

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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITI

Mailing Address 1101 30TH STREET NW SUITE 300
SUITE 400

City State Zip Code
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00236778

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
 0 8 / 1 3 / 2 0 0 8

Transaction ID: C2597750

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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITI

Mailing Address 1101 30TH STREET NW SUITE 300
SUITE 400

City State Zip Code
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00236778

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
 0 9 / 0 3 / 2 0 0 8

Transaction ID: C2609332

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)
for each category of the
Detailed Summary Page

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(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)
PETROLEUM MARKETERS ASSOCIATION OF AMERICAN\SMALL

Mailing Address 1901 North Fort Myer Drive
Suite 1200

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00035204

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
0 8 / 2 1 / 2 0 0 8

Transaction ID: C2605686

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)
Potlatch Employees Political Fund

Mailing Address 601 West First Avenue
Suite 1600

City Spokane State WA Zip Code 99201

FEC ID number of contributing federal political committee. **C** C00041608

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: C2657580

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)
POWER PAC OF THE EDISON ELECTRIC INSTITUTE

Mailing Address 701 PENNSYLVANIA AVENUE N W

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095869

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
0 8 / 0 1 / 2 0 0 8

Transaction ID: C2591383

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)
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(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)
POWER POLITICAL ACTION COMMITTEE OF LUMINANT HOLDI

Mailing Address 1601 Bryan St.
EP27

City State Zip Code
Dallas TX 75201

FEC ID number of contributing federal political committee. **C** C00255950

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
0 8 / 1 3 / 2 0 0 8

Transaction ID: C2597757

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)
PRAXAIR INC POLITICAL ACTION COMMITTEE

Mailing Address 39 Old Ridgebury Road
P. O. Box 2958

City State Zip Code
Danbury CT 06813

FEC ID number of contributing federal political committee. **C** C00283440

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4750.00

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: C2478344

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)
PRAXAIR INC POLITICAL ACTION COMMITTEE

Mailing Address 39 Old Ridgebury Road
P. O. Box 2958

City State Zip Code
Danbury CT 06813

FEC ID number of contributing federal political committee. **C** C00283440

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4750.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: C2657608

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 142
(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)
PROGRESS ENERGY EMPLOYEES' FEDERAL PAC

Mailing Address PO Box 1510

City Raleigh State NC Zip Code 27602

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 28 / 2008
Transaction ID: C2588485
 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)
QWEST COMMUNICATIONS INTERNATIONAL INC POLITICAL A

Mailing Address 607 14th Street N.W. Suite 950

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00237156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 18 / 2008
Transaction ID: C2657603
 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)
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 ▼ 2000.00

Date of Receipt: 09 / 03 / 2008
Transaction ID: C2609334
 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 142
(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)
SOUTHEASTERN LUMBER MANUFACTURERS ASSOC POLITICAL

Mailing Address 200 GREENCASTLE ROAD
PO BOX 1788

City TYRONE State GA Zip Code 30290

FEC ID number of contributing federal political committee. **C** C00128678

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
0 9 / 1 8 / 2 0 0 8

Transaction ID: C2657610

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)
SPRINT NEXTEL CORPORATION NEXTEL POLITICAL ACTION

Mailing Address 401 9th St #400

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00392852

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
0 9 / 3 0 / 2 0 0 8

Transaction ID: C2940572

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)
SYNGENTA CORPORATION EMPLOYEE POLITICAL ACTION CO

Mailing Address 1399 NEW YORK AVENUE NW
SUITE 750

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00363945

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 9 / 2 0 0 8

Transaction ID: C2677429

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 142
(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)
TDS TELECOMMUNICATIONS CORPORATION POLITICAL ACTIO

Mailing Address PO BOX 5158

City MADISON State WI Zip Code 53705

FEC ID number of contributing federal political committee. **C** C00299750

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 08 / 20 / 2008
Transaction ID: C2605119
 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)
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMM

Mailing Address 300 CONCORD PLAZA DRIVE

City SAN ANTONIO State TX Zip Code 78216

FEC ID number of contributing federal political committee. **C** C00358366

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 28 / 2008
Transaction ID: C2588368
 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)
United Association Pol Ed Cmte

Mailing Address 901 MASSACHUSETTS AVENUE, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 08 / 13 / 2008
Transaction ID: C2597756
 Amount of Each Receipt this Period: 5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6250.00**

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

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

Use separate schedule(s)
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(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)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City State Zip Code
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C2657599

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)
WINDSTREAM POLITICAL ACTION COMMITTEE

Mailing Address 4001 Rodney Parham Road

City State Zip Code
Little Rock AR 72212

FEC ID number of contributing federal political committee. **C** C00425975

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
09 / 23 / 2008

Transaction ID: C2674189

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)

145450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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(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 ▼
49307.01

Date of Receipt
07 / 12 / 2008

Transaction ID: C2594147

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 ▼
49307.01

Date of Receipt
07 / 17 / 2008

Transaction ID: C2594148

Amount of Each Receipt this Period
729.17

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

* Interest income

C.

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 ▼
49307.01

Date of Receipt
07 / 18 / 2008

Transaction ID: C2594149

Amount of Each Receipt this Period
572.92

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

* Interest income

SUBTOTAL of Receipts This Page (optional) 1718.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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(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)
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 ▼
49307.01

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: C2594150

Amount of Each Receipt this Period
298.65

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 ▼
49307.01

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2008

Transaction ID: C3009662

Amount of Each Receipt this Period
729.17

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

* Interest income

C. 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 ▼
49307.01

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2008

Transaction ID: C2614388

Amount of Each Receipt this Period
572.92

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

* Interest income

SUBTOTAL of Receipts This Page (optional) ► **1600.74**

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

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

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

FOR LINE NUMBER: PAGE 76 / 142
(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)
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 ▼
49307.01
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8
Transaction ID: C2614389
Amount of Each Receipt this Period
327.13
 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 ▼
49307.01
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8
Transaction ID: C2614387
Amount of Each Receipt this Period
729.17
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Interest income

C. 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 ▼
49307.01
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8
Transaction ID: C3009669
Amount of Each Receipt this Period
572.92
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Interest income

SUBTOTAL of Receipts This Page (optional) ► 1629.22
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 142	
	(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		Date of Receipt
Mailing Address PO Box 490		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City	State	Zip Code
Prescott	AR	71857
FEC ID number of contributing federal political committee.		Transaction ID: C3009671
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="301.45"/>
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="49307.01"/>	* Interest income
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="301.45"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5250.17"/>

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.	Full Name (Last, First, Middle Initial) 12th Episcopal District AME Church Mailing Address 604 Locust Street City Little Rock State AR Zip Code 72114 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188740 Date of Disbursement 09 / 03 / 2008 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
B.	Full Name (Last, First, Middle Initial) Ad Craft of Arkansas, Inc. Mailing Address PO Box 1001 City Little Rock State AR Zip Code 72203 Purpose of Disbursement Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174643 Date of Disbursement 07 / 28 / 2008 Amount of Each Disbursement this Period 4850.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ad Craft of Arkansas, Inc. Mailing Address PO Box 1001 City Little Rock State AR Zip Code 72203 Purpose of Disbursement Signs & Stakes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174644 Date of Disbursement 07 / 28 / 2008 Amount of Each Disbursement this Period 6869.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

12220.19

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.	Full Name (Last, First, Middle Initial) All Star Awards & Specialties Mailing Address 220 Albert Pike City Hot Springs State AR Zip Code 71913 Purpose of Disbursement Plaques Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174580 Date of Disbursement 07 / 01 / 2008 Amount of Each Disbursement this Period 122.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) AR Black Hall of Fame Foundation Mailing Address PO Box 1042 City Little Rock State AR Zip Code 72203 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188713 Date of Disbursement 08 / 20 / 2008 Amount of Each Disbursement this Period 1750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) AR Department of Workforce Services Mailing Address PO Box 8007 City Little Rock State AR Zip Code 72203-8007 Purpose of Disbursement Payroll tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174593 Date of Disbursement 07 / 07 / 2008 Amount of Each Disbursement this Period 28.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1901.07

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.	Full Name (Last, First, Middle Initial) AR Human Services Employees Assn.	Transaction ID: D188716 Date of Disbursement 08 / 20 / 2008
	Mailing Address PO Box 526	Amount of Each Disbursement this Period 500.00
	City Harrisburg State AR Zip Code 72432	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Arkansas Game & Fish Foundation	Transaction ID: D188709 Date of Disbursement 08 / 18 / 2008
	Mailing Address 2 Natural Resources Drive	Amount of Each Disbursement this Period 2500.00
	City Little Rock State AR Zip Code 72205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D188711 Date of Disbursement 08 / 20 / 2008
	Mailing Address PO Box 650553	Amount of Each Disbursement this Period 206.70
	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	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3206.70
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

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D188688 Date of Disbursement 08 / 13 / 2008
	Mailing Address PO Box 650553	Amount of Each Disbursement this Period 166.03
	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	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D174630 Date of Disbursement 07 / 17 / 2008
	Mailing Address PO Box 650553	Amount of Each Disbursement this Period 208.89
	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	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D174631 Date of Disbursement 07 / 17 / 2008
	Mailing Address PO Box 650553	Amount of Each Disbursement this Period 220.33
	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	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	595.25
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

A. Full Name (Last, First, Middle Initial) AT&T Mobility 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188803 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 214.35
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

B. Full Name (Last, First, Middle Initial) AT&T Mobility 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188811 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 201.64
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

C. Full Name (Last, First, Middle Initial) Avenet, LLC Mailing Address 1380 Energy Lane #206 City St. Paul State MN Zip Code 55108 Purpose of Disbursement Merchant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188794 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	416.99
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.</p> <p>Full Name (Last, First, Middle Initial) Avenet, LLC</p> <p>Mailing Address 1380 Energy Lane #206</p> <p>City St. Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Merchant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188795</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Avenet, LLC</p> <p>Mailing Address 1380 Energy Lane #206</p> <p>City St. Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Merchant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188796</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Avenet, LLC</p> <p>Mailing Address 1380 Energy Lane #206</p> <p>City St. Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Merchant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188797</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 115.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	125.00
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

A.

Full Name (Last, First, Middle Initial)
Avenet, LLC

Mailing Address 1380 Energy Lane #206

City State Zip Code
St. Paul MN 55108

Purpose of Disbursement

Merchant fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D188682

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

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

Mailing Address PO Box 490

City State Zip Code
Prescott AR 71857

Purpose of Disbursement

Merchant fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D174629

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

13.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

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

Mailing Address PO Box 490

City State Zip Code
Prescott AR 71857

Purpose of Disbursement

Merchant fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D188708

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

8.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

51.50

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.

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

Mailing Address PO Box 490

City State Zip Code
Prescott AR 71857

Purpose of Disbursement
Merchant fees
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D188801
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

8.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
BDH Media Group

Mailing Address 3803 West Lake Drive

City State Zip Code
Pine Bluff AR 71603

Purpose of Disbursement
TV Advertising
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D188752
Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Boy Scouts of America

Mailing Address PO Box 152079

City State Zip Code
Irving TX 75015

Purpose of Disbursement
Event sponsor
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D174592
Date of Disbursement

07 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5008.00

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. Full Name (Last, First, Middle Initial) Gentry Brown</p> <p>Mailing Address 1009 Railroad St</p> <p>City McGehee State AR Zip Code 71654</p> <p>Purpose of Disbursement Field Expense/Sign Labor</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188809</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 800.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Sheryle Brown</p> <p>Mailing Address West 2nd Street</p> <p>City Pine Bluff State AR Zip Code 71603</p> <p>Purpose of Disbursement Event sponsor</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174648</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Calhoun County High School Rodeo</p> <p>Mailing Address PO Box 566</p> <p>City Hampton State AR Zip Code 71744</p> <p>Purpose of Disbursement Advertisement/Event sponsor</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188802</p> <p>Date of Disbursement 09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

1600.00

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.</p> <p>Full Name (Last, First, Middle Initial) CenturyTel</p> <p>Mailing Address PO Box 427</p> <p>City Marion State LA Zip Code 71260</p> <p>Purpose of Disbursement Telephone expense</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188814</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 128.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CenturyTel</p> <p>Mailing Address PO Box 427</p> <p>City Marion State LA Zip Code 71260</p> <p>Purpose of Disbursement Telephone expense</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174641</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 150.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CenturyTel</p> <p>Mailing Address PO Box 427</p> <p>City Marion State LA Zip Code 71260</p> <p>Purpose of Disbursement Telephone expense</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174582</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 151.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

430.76

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

A.

Full Name (Last, First, Middle Initial)
CenturyTel

Mailing Address PO Box 427

City Marion State LA Zip Code 71260

Purpose of Disbursement
Telephone expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188712
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

134.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Alicia Clayborn

Mailing Address 210 Huntington

City Gurdon State AR Zip Code 71743

Purpose of Disbursement
Event sponsor

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D174649
Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Keya Cooley

Mailing Address PO Box 2367

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Field work/Signs

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188820
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1034.10

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. Full Name (Last, First, Middle Initial)
Department of Finance & Administration

Mailing Address PO Box 9941

City Little Rock State AR Zip Code 72203-9941

Purpose of Disbursement
Payroll Tax

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188680

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

450.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Department of Finance & Administration

Mailing Address PO Box 9941

City Little Rock State AR Zip Code 72203-9941

Purpose of Disbursement
Payroll Tax

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188753

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

276.67

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Gloria Dixon

Mailing Address PO Box 321

City Hope State AR Zip Code 71801

Purpose of Disbursement
Field expense/Sign labor

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188807

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

950.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1677.51

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) Graves Publishing</p> <p>Mailing Address PO Box 297</p> <p>City Nashville State AR Zip Code 71852</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188757 Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Graves Publishing</p> <p>Mailing Address PO Box 297</p> <p>City Nashville State AR Zip Code 71852</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174603 Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 90.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Sabrina Henry</p> <p>Mailing Address 407 School Street</p> <p>City McGehee State AR Zip Code 71654</p> <p>Purpose of Disbursement Event sponsor/Old School Reunion</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174638 Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

590.00

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

A.

Full Name (Last, First, Middle Initial)
Sabrina Henry

Mailing Address 407 School Street

City State Zip Code
McGehee AR 71654

Purpose of Disbursement

Field work/Signs

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D188822

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Hope Star/Extra/Picayune

Mailing Address PO Box 648

City State Zip Code
Hope AR 71802-0648

Purpose of Disbursement

Advertisement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D174601

Date of Disbursement

07 / 09 / 2008

Amount of Each Disbursement this Period

72.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Horton Brothers Printing Company, Inc.

Mailing Address PO Box 5668

City State Zip Code
North Little Rock AR 72119

Purpose of Disbursement

Printing expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D188804

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

6183.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6755.75

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) Irish Rover LLC</p> <p>Mailing Address 446 New Jersey Avenue, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D188793</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Lloyd Jackson</p> <p>Mailing Address 2801 Twin Rivers Drive #28</p> <p>City Arkadelphia State AR Zip Code 71923</p> <p>Purpose of Disbursement Field work/signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D188818</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Shirley Jackson</p> <p>Mailing Address 240 W Pine Street</p> <p>City Ashdown State AR Zip Code 71822</p> <p>Purpose of Disbursement Field work/Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D188816</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1250.00</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. Full Name (Last, First, Middle Initial) KTSS TV</p> <p>Mailing Address 219 West 23rd Street</p> <p>City Hope State AR Zip Code 71809</p> <p>Purpose of Disbursement Advertising</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174594</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Leadership Camden</p> <p>Mailing Address PO Box 3499</p> <p>City Camden State AR Zip Code 71711</p> <p>Purpose of Disbursement Event sponsor</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174604</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) LSC Marketing</p> <p>Mailing Address PO Box 3775</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Mail processing fee</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188750</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 3236.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3736.13

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.

Full Name (Last, First, Middle Initial)
LSC Marketing

Transaction ID: D188751
Date of Disbursement

Mailing Address PO Box 3775

09 / 04 / 2008

City Little Rock State AR Zip Code 72203

Amount of Each Disbursement this Period

4323.25

Purpose of Disbursement
Postage

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
LSC Marketing

Transaction ID: D188825
Date of Disbursement

Mailing Address PO Box 3775

09 / 26 / 2008

City Little Rock State AR Zip Code 72203

Amount of Each Disbursement this Period

311.25

Purpose of Disbursement
Mail processing fee

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
LSC Marketing

Transaction ID: D188826
Date of Disbursement

Mailing Address PO Box 3775

09 / 26 / 2008

City Little Rock State AR Zip Code 72203

Amount of Each Disbursement this Period

1058.91

Purpose of Disbursement
Postage

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5693.41

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.

Full Name (Last, First, Middle Initial)
Molly Allen Associates

Mailing Address 1405 Woodman Avenue

City Silver Spring State MD Zip Code 20902

Purpose of Disbursement
Fundraising consulting fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188734
Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Molly Allen Associates

Mailing Address 1405 Woodman Avenue

City Silver Spring State MD Zip Code 20902

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188735
Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

35.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Molly Allen Associates

Mailing Address 1405 Woodman Avenue

City Silver Spring State MD Zip Code 20902

Purpose of Disbursement
Fundraising consulting fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D174584
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

8035.68

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.	Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174585 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 9.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Taxi Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174586 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174587 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 473.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	495.07
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.

Full Name (Last, First, Middle Initial)
Molly Allen Associates

Mailing Address 1405 Woodman Avenue

City Silver Spring State MD Zip Code 20902

Purpose of Disbursement
Fundraising/Catering

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D174588
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

1365.87

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Molly Allen Associates

Mailing Address 1405 Woodman Avenue

City Silver Spring State MD Zip Code 20902

Purpose of Disbursement
Fundraising consulting fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188677
Date of Disbursement

08 / 02 / 2008

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Molly Allen Associates

Mailing Address 1405 Woodman Avenue

City Silver Spring State MD Zip Code 20902

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188678
Date of Disbursement

08 / 02 / 2008

Amount of Each Disbursement this Period

11.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5377.77

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.	Full Name (Last, First, Middle Initial) Molly Allen Associates <hr/> Mailing Address 1405 Woodman Avenue <hr/> City Silver Spring State MD Zip Code 20902 <hr/> Purpose of Disbursement Taxi <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188679 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 10.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Kirk E. Morley <hr/> Mailing Address 3302 N. Cypress <hr/> City North Little Rock State AR Zip Code 72116 <hr/> Purpose of Disbursement Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174590 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2027.25 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kirk E. Morley <hr/> Mailing Address 3302 N. Cypress <hr/> City North Little Rock State AR Zip Code 72116 <hr/> Purpose of Disbursement Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188728 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1014.12 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	3051.37
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

A.	Full Name (Last, First, Middle Initial) Kirk E. Morley	Transaction ID: D188705 Date of Disbursement 08 / 15 / 2008
	Mailing Address 3302 N. Cypress	Amount of Each Disbursement this Period 1014.13
	City North Little Rock State AR Zip Code 72116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Kirk E. Morley	Transaction ID: D188706 Date of Disbursement 08 / 15 / 2008
	Mailing Address 3302 N. Cypress	Amount of Each Disbursement this Period 836.15
	City North Little Rock State AR Zip Code 72116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Reginald Moseby	Transaction ID: D188742 Date of Disbursement 09 / 03 / 2008
	Mailing Address PO Box 264	Amount of Each Disbursement this Period 600.00
	City Portland State AR Zip Code 71663	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Field work/Signs Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2450.28

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 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) Reginald Moseby</p> <p>Mailing Address PO Box 264</p> <p>City Portland State AR Zip Code 71663</p> <p>Purpose of Disbursement Field work/Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174636</p> <p>Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Reginald Moseby</p> <p>Mailing Address PO Box 264</p> <p>City Portland State AR Zip Code 71663</p> <p>Purpose of Disbursement Field work/Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188821</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) NAACP</p> <p>Mailing Address 4805 Mt. Hope Drive</p> <p>City Baltimore State MD Zip Code 21215</p> <p>Purpose of Disbursement Advertisement/event tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188739</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 470.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1470.00

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

A.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20003-4071 Purpose of Disbursement Business meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188687 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 332.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20003-4071 Purpose of Disbursement Business meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174599 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 262.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) NCPA-LDF Mailing Address 100 Daingerfield Road City Alexandria State VA Zip Code 22314 Purpose of Disbursement Fundraising event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174605 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 246.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	841.79
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.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D174579 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1225 I Street, NW Suite 1225	Amount of Each Disbursement this Period 2550.00
	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	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NRECA	Transaction ID: D174581 Date of Disbursement 07 / 01 / 2008
	Mailing Address PO Box 758777	Amount of Each Disbursement this Period 250.00
	City Baltimore State MD Zip Code 21275-8777	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising/Room Rental Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Demarcus Plummer	Transaction ID: D188810 Date of Disbursement 09 / 17 / 2008
	Mailing Address 4004 West 6th Street	Amount of Each Disbursement this Period 800.00
	City Pine Bluff State AR Zip Code 71602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Field expense/Sign labor Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3600.00
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

A.

Full Name (Last, First, Middle Initial)
Renee Plummer

Mailing Address 4004 West 6th Avenue

City State Zip Code
Pine Bluff AR 71603

Purpose of Disbursement
Field/Festival worker

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188743
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Prescott Flowers & Gifts

Mailing Address 228 E. Vine Street

City State Zip Code
Prescott AR 71857

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188733
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Prescott Flowers & Gifts

Mailing Address 228 E. Vine Street

City State Zip Code
Prescott AR 71857

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188684
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

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.

Full Name (Last, First, Middle Initial)
Billy Randle

Mailing Address 228 Nevada 260

City State Zip Code
Prescott AR 71857

Purpose of Disbursement

Field worker

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188748

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

1600.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Clinton Richardson

Mailing Address PO Box 1254

City State Zip Code
McGehee AR 71654

Purpose of Disbursement

Event sponsor

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188746

Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Clinton Richardson

Mailing Address PO Box 1254

City State Zip Code
McGehee AR 71654

Purpose of Disbursement

Field expense/Sign Labor

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188808

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

950.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3050.00

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 105 / 142

<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.

Full Name (Last, First, Middle Initial)
Rural Arkansas Radio Network

Transaction ID: D188749
Date of Disbursement

Mailing Address PO Box 311

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

City DeQueen State AR Zip Code 71832

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Radio advertising

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Rural Arkansas Radio Network

Transaction ID: D188722
Date of Disbursement

Mailing Address PO Box 311

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

City DeQueen State AR Zip Code 71832

Amount of Each Disbursement this Period

22600.00

Purpose of Disbursement
Radio advertising

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Dustin B. Smith

Transaction ID: D188710
Date of Disbursement

Mailing Address 2400 Riverfront Drive Apt. 2022

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

City Little Rock State AR Zip Code 72202

Amount of Each Disbursement this Period

44.38

Purpose of Disbursement
Telephone expense

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

26644.38

TOTAL This Period (last page this line number only)

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**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.	Full Name (Last, First, Middle Initial) Dustin B. Smith	Transaction ID: D188717 Date of Disbursement 08 / 21 / 2008
	Mailing Address 2400 Riverfront Drive Apt. 2022	Amount of Each Disbursement this Period 353.25
	City Little Rock State AR Zip Code 72202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage reimbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dustin B. Smith	Transaction ID: D188727 Date of Disbursement 08 / 31 / 2008
	Mailing Address 2400 Riverfront Drive Apt. 2022	Amount of Each Disbursement this Period 2785.08
	City Little Rock State AR Zip Code 72202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dustin B. Smith	Transaction ID: D174650 Date of Disbursement 07 / 31 / 2008
	Mailing Address 2400 Riverfront Drive Apt. 2022	Amount of Each Disbursement this Period 2677.08
	City Little Rock State AR Zip Code 72202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5815.41
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>Mailing Address 2400 Riverfront Drive Apt. 2022</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Salary</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174640</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Dustin B. Smith</p> <p>Mailing Address 2400 Riverfront Drive Apt. 2022</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Salary</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174578</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2677.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Dustin B. Smith</p> <p>Mailing Address 2400 Riverfront Drive Apt. 2022</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Telephone expense</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174598</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 42.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3219.62

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>Mailing Address 2400 Riverfront Drive Apt. 2022</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Telephone expense</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188798</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Dustin B. Smith</p> <p>Mailing Address 2400 Riverfront Drive Apt. 2022</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Mileage reimbursement</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188799</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="101.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Dustin B. Smith</p> <p>Mailing Address 2400 Riverfront Drive Apt. 2022</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Website expense</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188800</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.56"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="169.46"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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.	Full Name (Last, First, Middle Initial) Cheryl F. Stuart Mailing Address PO Box 875 City Lewisville State AR Zip Code 71845 Purpose of Disbursement Field work/signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188819 Date of Disbursement 09 / 23 / 2008 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
B.	Full Name (Last, First, Middle Initial) Sudbury Broadcasting Group Mailing Address PO Box 424 City Hope State AR Zip Code 71802 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188738 Date of Disbursement 09 / 03 / 2008 Amount of Each Disbursement this Period 230.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) United States Treasury Mailing Address Federal Tax Deposit Processing PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188754 Date of Disbursement 09 / 08 / 2008 Amount of Each Disbursement this Period 1369.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1999.00
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 110 / 142

<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.	Full Name (Last, First, Middle Initial) United States Treasury Mailing Address Federal Tax Deposit Processing PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188681 Date of Disbursement 08 / 07 / 2008 Amount of Each Disbursement this Period 2394.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174642 Date of Disbursement 07 / 28 / 2008 Amount of Each Disbursement this Period 108.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188715 Date of Disbursement 08 / 20 / 2008 Amount of Each Disbursement this Period 108.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2611.66

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.	Full Name (Last, First, Middle Initial) Verizon 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188813 Date of Disbursement 09 / 23 / 2008 Amount of Each Disbursement this Period 108.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Shantwan Vickers Mailing Address 2001 Carver Avenue City Pine Bluff State AR Zip Code 71601 Purpose of Disbursement Event sponsor/Jefferson Co Class Reunion Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174637 Date of Disbursement 07 / 17 / 2008 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
C.	Full Name (Last, First, Middle Initial) Tendra Washington Mailing Address PO Box 3108 City Texarkana State AR Zip Code 75504 Purpose of Disbursement Field work/signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188817 Date of Disbursement 09 / 23 / 2008 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

SUBTOTAL of Disbursements This Page (optional) ▶

1008.58

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.	Full Name (Last, First, Middle Initial) Pete Willis Mailing Address 315 West 5th Street City Malvern State AR Zip Code 72104 Purpose of Disbursement Field work/Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188815 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8 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
B.	Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc. Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement FEC Preparation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188676 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 1597.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc. Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement FEC Preparation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174591 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 1681.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3779.66
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.

Full Name (Last, First, Middle Initial)
Winpisinger & Associates, Inc.

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
FEC Preparation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188731

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

1558.28

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Yates Strategies

Mailing Address PO Box 201196

City Denver State CO Zip Code 80220

Purpose of Disbursement
Campaign planning consulting fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188726

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Yates Strategies

Mailing Address PO Box 201196

City Denver State CO Zip Code 80220

Purpose of Disbursement
Campaign planning consulting fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D174583

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5058.28

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. Full Name (Last, First, Middle Initial)
Visa Credit Card Operations

Mailing Address PO Box 22116

City Tulsa State OK Zip Code 74121-2116

Purpose of Disbursement
Credit card (see below)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D174600
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D174608
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D174610
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

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) Federal Express</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174611</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 56.50</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>B. Full Name (Last, First, Middle Initial) Federal Express</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174612</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 26.81</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>C. Full Name (Last, First, Middle Initial) Federal Express</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D174614</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 14.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

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

A.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174615 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 15.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174626 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 14.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174619 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 18.50 <input type="checkbox"/> 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) ▶

**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.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174620 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 29.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174621 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 30.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174622 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 58.05 <input type="checkbox"/> 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) ▶

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.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D174623 Date of Disbursement 07 / 09 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 17.54
	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 [MEMO ITEM]
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D174624 Date of Disbursement 07 / 09 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 24.64
	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 [MEMO ITEM]
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) House Gift Shop	Transaction ID: D174609 Date of Disbursement 07 / 09 / 2008
	Mailing Address B-217 Longworth Building	Amount of Each Disbursement this Period 5.40
	City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gifts for supporters 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) ▼

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

A.	Full Name (Last, First, Middle Initial) La Lomita Dos Mailing Address 5507 Connecticut Ave NW City Washington State DC Zip Code 20015 Purpose of Disbursement Business meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174625 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 127.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Members Dining Room Mailing Address H117 Capitol City Washington State DC Zip Code 20515 Purpose of Disbursement Business meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174613 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 52.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Print Mania Mailing Address 625 Main Street City Arkadelphia State AR Zip Code 71923 Purpose of Disbursement Printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D174607 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 108.50 <input type="checkbox"/> 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) ▶	

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.

Full Name (Last, First, Middle Initial)
Ritz Camera

Mailing Address 1750 L Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Equipment purchase

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General Other (specify) ▼

Transaction ID: D174617
Date of Disbursement

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

Amount of Each Disbursement this Period

470.56

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 207 Elm Street

City Prescott State AR Zip Code 71857

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General Other (specify) ▼

Transaction ID: D174618
Date of Disbursement

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

Amount of Each Disbursement this Period

2.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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
Parade candy

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General Other (specify) ▼

Transaction ID: D174616
Date of Disbursement

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

Amount of Each Disbursement this Period

95.99

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) ▶

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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) Visa Credit Card Operations</p> <p>Mailing Address PO Box 22116</p> <p>City Tulsa State OK Zip Code 74121-2116</p> <p>Purpose of Disbursement Credit card (see below)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188691 Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 4029.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address PO Box 582880</p> <p>City Tulsa State OK Zip Code 74158</p> <p>Purpose of Disbursement Travel/Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188695 Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 706.00</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>C. Full Name (Last, First, Middle Initial) CATO Travel</p> <p>Mailing Address B222 Longworth House Office Bldg.</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188703 Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4029.95

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) Delta Airlines</p> <p>Mailing Address PO Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel/Airfare</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188693</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 501.00</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>B. Full Name (Last, First, Middle Initial) Federal Express</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188701</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 217.91</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>C. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2600 Cantrell Road</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Office supplies</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188699</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 130.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

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

A.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 2600 Cantrell Road

City Little Rock State AR Zip Code 72202

Purpose of Disbursement
Office supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D188700
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

105.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel/Airfare
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D188696
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

757.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel/Airfare
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D188697
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

757.00

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) ▶

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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.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2004
 Primary General Other (specify) ▼

State: District:

Transaction ID: D188694

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

585.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 207 Elm Street

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Postage

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D188698

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

32.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 207 Elm Street

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Postage

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D188702

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

3.36

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) ▶

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 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.	Full Name (Last, First, Middle Initial) Kirk E. Morley Mailing Address 3302 N. Cypress City North Little Rock State AR Zip Code 72116 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188755 Date of Disbursement 09 / 09 / 2008 Amount of Each Disbursement this Period 1106.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Farmstore Mailing Address 1400 E 3rd St City Hope State AR Zip Code 71801-5724 Purpose of Disbursement Sign materials Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188772 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 48.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Visa Credit Card Operations 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188756 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 6092.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	7198.90
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.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: D188762 Date of Disbursement 09 / 11 / 2008
	Mailing Address PO Box 582880	Amount of Each Disbursement this Period 40.00
	City Tulsa State OK Zip Code 74158	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement DNC Convention air travel	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CATO Travel	Transaction ID: D188791 Date of Disbursement 09 / 11 / 2008
	Mailing Address B222 Longworth House Office Bldg.	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel expense	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Farmstore	Transaction ID: D188769 Date of Disbursement 09 / 11 / 2008
	Mailing Address 1400 E 3rd St	Amount of Each Disbursement this Period 1731.84
	City Hope State AR Zip Code 71801-5724	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Sign posts	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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

A.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188784 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 18.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188786 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 18.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Federal Express 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188787 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 20.91 <input type="checkbox"/> 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) ▶	0.00

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.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D188788 Date of Disbursement 09 / 11 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 25.89
	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 [MEMO ITEM]
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D188789 Date of Disbursement 09 / 11 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 26.36
	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 [MEMO ITEM]
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D188775 Date of Disbursement 09 / 11 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 15.11
	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 [MEMO ITEM]
	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 type="checkbox"/> Primary <input checked="" 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

A.	Full Name (Last, First, Middle Initial) House Gift Shop	Transaction ID: D188773 Date of Disbursement 09 / 11 / 2008
	Mailing Address B-217 Longworth Building	Amount of Each Disbursement this Period 307.34
	City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gifts for supporters Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Love's Country Store	Transaction ID: D188778 Date of Disbursement 09 / 11 / 2008
	Mailing Address Hwy. 24	Amount of Each Disbursement this Period 16.59
	City Prescott State AR Zip Code 71857	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gas Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Love's Country Store	Transaction ID: D188779 Date of Disbursement 09 / 11 / 2008
	Mailing Address Hwy. 24	Amount of Each Disbursement this Period 75.00
	City Prescott State AR Zip Code 71857	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gas Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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. Full Name (Last, First, Middle Initial) Love's Country Store</p> <p>Mailing Address Hwy. 24</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Gas</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188785</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 44.93</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>B. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2600 Cantrell Road</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Office supplies</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188764</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 42.95</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>C. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2600 Cantrell Road</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Office supplies</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188766</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 71.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

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

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
DNC Convention Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D188792
Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

80.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
DNC Convention Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D188781
Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

858.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
DNC Convention Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D188782
Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

858.50

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)

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.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
DNC Convention Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188776
Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

715.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 207 Elm Street

City Prescott State AR Zip Code 71857

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188765
Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

46.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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
Parade candy

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188790
Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

206.70

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) ▶

138245.39

**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) Artesian Arts League	Transaction ID: D188805 Date of Disbursement 09 / 17 / 2008
	Mailing Address PO Box 241	Amount of Each Disbursement this Period 250.00
	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 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) ▼

B.	Full Name (Last, First, Middle Initial) CARMOUCHE FOR CONGRESS INC	Transaction ID: D188824 Date of Disbursement 09 / 24 / 2008
	Mailing Address 912 KINGS HIGHWAY	Amount of Each Disbursement this Period 2000.00
	City SHREVEPORT State LA Zip Code 71104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Paul J. Carmouche	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CARMOUCHE FOR CONGRESS INC	Transaction ID: D188747 Date of Disbursement 09 / 04 / 2008
	Mailing Address 912 KINGS HIGHWAY	Amount of Each Disbursement this Period 2000.00
	City SHREVEPORT State LA Zip Code 71104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Paul J. Carmouche	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4250.00

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) Clark County Democratic Party Mailing Address 201 North 10th Street City Arkadelphia State AR Zip Code 71923 Purpose of Disbursement Non-Federal Contribution Candidate Name Clark County Democratic Party 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) ▼	Transaction ID: D174595 Date of Disbursement 07 / 07 / 2008 Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Clark County Democratic Party Mailing Address 201 North 10th Street City Arkadelphia State AR Zip Code 71923 Purpose of Disbursement Non-Federal Contribution Candidate Name Clark County Democratic Party 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) ▼	Transaction ID: D174632 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF ARKANSAS Mailing Address 1300 West Capitol Avenue City Little Rock State AR Zip Code 72201 Purpose of Disbursement Contribution Candidate Name DEMOCRATIC PARTY OF ARKANSAS 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) ▼	Transaction ID: D188736 Date of Disbursement 09 / 03 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2700.00
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

A.

Full Name (Last, First, Middle Initial)
DEMOCRATIC PARTY OF ARKANSAS

Transaction ID: D188737

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Mailing Address 1300 West Capitol Avenue

Amount of Each Disbursement this Period

25000.00

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Unlimited transfer to state party

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name
DEMOCRATIC PARTY OF ARKANSAS

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
F&A.M. Jurisdiction of AR

Transaction ID: D188744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Mailing Address 2906 Harding Avenue

Amount of Each Disbursement this Period

500.00

City Pine Bluff State AR Zip Code 71601

Purpose of Disbursement
Donation

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Freez Frame Unlimited

Transaction ID: D188719

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Mailing Address PO Box 256

Amount of Each Disbursement this Period

172.80

City Lockesburg State AR Zip Code 71846

Purpose of Disbursement
Team sponsorship

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

25672.80

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

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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) Hope-Hempstead Co. Chamber of Commerce	Transaction ID: D188686 Date of Disbursement 08 / 09 / 2008
	Mailing Address PO Box 250	Amount of Each Disbursement this Period 400.00
	City Hope State AR Zip Code 71802-0250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) Cynthia Johnson	Transaction ID: D188745 Date of Disbursement 09 / 03 / 2008
	Mailing Address 2642 Highway 425 S	Amount of Each Disbursement this Period 400.00
	City Hamburg State AR Zip Code 71646-9024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation for Women's Roundtable 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) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) Kirby Youth Association	Transaction ID: D174589 Date of Disbursement 07 / 01 / 2008
	Mailing Address ATTN: Penny Putz 5 Frazier Cowart	Amount of Each Disbursement this Period 250.00
	City Glenwood State AR Zip Code 71943	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional)	1050.00
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) KNVL-TV Mailing Address PO Box 1020 City Nashville State AR Zip Code 71852 Purpose of Disbursement 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) ▼	Transaction ID: D174628 Date of Disbursement 07 / 13 / 2008 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
B.	Full Name (Last, First, Middle Initial) Little River County Fair Mailing Address PO Box 160 City Ashdown State AR Zip Code 71822 Purpose of Disbursement Premium sale 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) ▼	Transaction ID: D188720 Date of Disbursement 08 / 22 / 2008 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
C.	Full Name (Last, First, Middle Initial) Nevada County Master Gardeners Mailing Address Nevada Co. Coop. Extension Service City Prescott State AR Zip Code 71857 Purpose of Disbursement 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) ▼	Transaction ID: D188714 Date of Disbursement 08 / 20 / 2008 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) ▶

2250.00

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

<p>A. Full Name (Last, First, Middle Initial) Nevada County Youth Premium Sale</p> <p>Mailing Address PO Box 549</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Premium sale donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188730 Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Oliver's One Stop</p> <p>Mailing Address 221 Holly</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Clinton Day Dinner Auction Item</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188689 Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 650.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Oliver's One Stop</p> <p>Mailing Address 221 Holly</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Buck Master Banquest Auction Item</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D188690 Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 650.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	2301.56
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 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) Pike County Fair Premium Sale Mailing Address Pike County Fair c/o Janice Lee PO City Murfreesboro State AR Zip Code 71958 Purpose of Disbursement Premium sale 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) ▼	Transaction ID: D188732 Date of Disbursement 09 / 03 / 2008 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
B.	Full Name (Last, First, Middle Initial) Prescott Athletic Booster Club Mailing Address PO Box 58 City Prescott State AR Zip Code 71857 Purpose of Disbursement 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) ▼	Transaction ID: D188724 Date of Disbursement 08 / 27 / 2008 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
C.	Full Name (Last, First, Middle Initial) SAGA Booster Club Mailing Address PO Box 1367 City Hope State AR Zip Code 71801-1367 Purpose of Disbursement 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) ▼	Transaction ID: D188707 Date of Disbursement 08 / 15 / 2008 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

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

A.	Full Name (Last, First, Middle Initial) Smackover Baseball Program Mailing Address PO Box 244 City Smackover State AR Zip Code 71762 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) ▼	Transaction ID: D188729 Date of Disbursement 09 / 02 / 2008 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
B.	Full Name (Last, First, Middle Initial) South ARK Foundation Mailing Address c/o Clara Jones PO Box 7010 City El Dorado State AR Zip Code 71730 Purpose of Disbursement 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) ▼	Transaction ID: D174646 Date of Disbursement 07 / 28 / 2008 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
C.	Full Name (Last, First, Middle Initial) Joyce Gail Thrasher Mailing Address 17802 Highway 51 S City Gurdon State AR Zip Code 71743-9041 Purpose of Disbursement Emmet School Yearbook Advertisement 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) ▼	Transaction ID: D188725 Date of Disbursement 08 / 28 / 2008 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) ▶	1500.00
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)
Treday.com Scholarship Project

Mailing Address 12 Redleaf Circle

City Little Rock State AR Zip Code 72210

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D174634

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Two Rivers Museum

Mailing Address c/o Little River Co Historical Soc

City Ashdown State AR Zip Code 71822

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188718

Date of Disbursement

08 / 22 / 2008

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)
Union County Democratic Central Committee

Mailing Address ATTN: Robin Carroll PO Box 2037

City El Dorado State AR Zip Code 71731

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D188828

Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

<p>A. Full Name (Last, First, Middle Initial) Virginia Clinton Kelley Demo. Womens Club</p> <p>Mailing Address PO Box 2575</p> <p>City Hot Springs State AR Zip Code 71914</p> <p>Purpose of Disbursement Non-Federal Contribution</p> <p>Candidate Name Virginia Clinton Kelley Demo. Womens Club</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D174633</p> <p>Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 2400 North Hervey Street</p> <p>City Hope State AR Zip Code 71801</p> <p>Purpose of Disbursement Donation/Christmas Share Program</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D188812</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) White Hall Booster Club</p> <p>Mailing Address 700 Bulldog Drive</p> <p>City White Hall State AR Zip Code 71602</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D188723</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 450.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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

46824.36