

**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"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 19b <input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
RONNIE G. FLIPPO COMMITTEE

Full Name (Last, First, Middle Initial)
A. Committee to Elect Sue Bell Cobb

Mailing Address
P.O. Box 309

City **Montgomery** State **AL** Zip Code **36101**

Purpose of Disbursement
Campaign Contribution 0 1 1
Category/Type

Candidate Name
Sue Bell Cobb

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **AL** District: **SUPREME COURT - ALABAMA**

Date of Disbursement
0 1 / 1 3 / 2 0 0 6

Amount of Each Disbursement this Period
1 0 0 0 0 0

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

Full Name (Last, First, Middle Initial)
B. Defend America PAC

Mailing Address
P.O. Box 2626

City **Tuscaloosa** State **AL** Zip Code **35403**

Purpose of Disbursement
Multi-Candidate PAC-Campaign Contribution 0 1 1
Category/Type

Candidate Name

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

Date of Disbursement
0 2 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period
3 0 0 0 0 0

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

Full Name (Last, First, Middle Initial)
C. Terry Everett for Congress

Mailing Address
P.O. Box 1828

City **Dothan** State **AL** Zip Code **36302**

Purpose of Disbursement
Campaign Contribution 0 1 1
Category/Type

Candidate Name
Terry Everett

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **AL** District: **2nd**

Date of Disbursement
0 3 / 2 1 / 2 0 0 6

Amount of Each Disbursement this Period
1 0 0 0 0 0

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

SUBTOTAL of Disbursements This Page (optional) 5 0 0 0 0 0

TOTAL This Period (last page this line number only) 5 0 0 0 0 0

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