SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☒ 21

PAGE 30 / 32

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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)
SIMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRAD BOLICEK FOR SENATE 18

Mailing Address   PO Box 5905

City	State	Zip Code
Boise	ID	83705-5905

Purpose of Disbursement
STATE SENATE CANDIDATE CONTRIBUTION

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 61205.E3700
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

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)
CHRIS CHOCOLA FOR CONGRESS

Mailing Address   PO Box 6728

City	State	Zip Code
South Bend	IN	46660-

Purpose of Disbursement
HOUSE CANDIDATE (IN 02)

Candidate Name
J CHRISTOPHER CHOCOLA

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: IN   District: 02

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 61205.E3753
Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount of Each Disbursement this Period

2000.00

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

C. Full Name (Last, First, Middle Initial)
ELECT TOM LUNA

Mailing Address   3116 Garrity Blvd., Ste. 7 PMB28

City	State	Zip Code
Nampa	ID	83687-

Purpose of Disbursement
STATE SUPERINTENDENT CONTRIBUTION

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 61205.E3754
Date of Disbursement

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

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) .... ▶   3500.00

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

FEC **Schedule B (Form 3)** Rev. 02/2003