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
[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Hilleary For Senate

A.
Full Name (Last, First, Middle Initial)
Mr. Gary Brock
Mailing Address 4268 Warren Road
City: Franklin State: TN Zip Code: 37067-4045
Purpose of Disbursement: Contribution Refund
Candidate Name:
Category/Type: 010
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: B-E-29318
Date of Disbursement: 06 / 20 / 2006
Amount of Each Disbursement this Period: 400.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Rance Merkel
Mailing Address 497 Claude Simmons Road
City: Johnson City State: TN Zip Code: 37604-2213
Purpose of Disbursement: Contribution Refund
Candidate Name:
Category/Type: 010
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: B-E-29450
Date of Disbursement: 06 / 29 / 2006
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)
Terry Riley, , D.D.S.
Mailing Address 107 Twin Lakes Medical Center
City: Albany State: KY Zip Code: 42602-1076
Purpose of Disbursement: Contribution Refund
Candidate Name:
Category/Type: 010
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: B-E-29326
Date of Disbursement: 06 / 22 / 2006
Amount of Each Disbursement this Period: 2100.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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