

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

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NAME OF COMMITTEE (In Full)
Friends of Tramm Hudson

Full Name (Last, First, Middle Initial) A. Stephen B. Hughes		Transaction ID: SB20A.9954 Date of Disbursement 09 / 13 / 2006
Mailing Address 6106 Sunrise Ranch Drive		Amount of Each Disbursement this Period 2000.00
City Longmont State CO Zip Code 80503	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Dr. Gary Kompothecras		Transaction ID: SB20A.9955 Date of Disbursement 09 / 13 / 2006
Mailing Address Post Office Box 25368		Amount of Each Disbursement this Period 2100.00
City Sarasota State FL Zip Code 34277	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Jeff Meehan		Transaction ID: SB20A.9957 Date of Disbursement 09 / 13 / 2006
Mailing Address 7312 Cove Terrace		Amount of Each Disbursement this Period 2100.00
City Sarasota State FL Zip Code 34231	Purpose of Disbursement Contribution Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	6200.00
TOTAL This Period (last page this line number only) ▶	_____