

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

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)
FRIENDS OF CONGRESSMAN GEORGE MILLER

A.	Full Name (Last, First, Middle Initial) American Express Merchant Services <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> 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: 17-6644 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 8.13
B.	Full Name (Last, First, Middle Initial) American Express Merchant Services <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> 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: 17-6680 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 4.95
C.	Full Name (Last, First, Middle Initial) American Express Merchant Services <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> 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: 17-6645 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 4.95

SUBTOTAL of Disbursements This Page (optional) ▶	18.03
TOTAL This Period (last page this line number only) ▶	[Empty Box]