

**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 Joe Heck

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Media Placement Services <hr/> Mailing Address 9500 W. Flamingo Road #203 <hr/> City Las Vegas State NV Zip Code 89147- <hr/> Purpose of Disbursement Telephone Svcs 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: 01202.E542 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 11088.32 |
| | TELEPHONE SVCS |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) Flat Creek Management LLC <hr/> Mailing Address 211 Seventh Avenue North #LL-15 <hr/> City Nashville State TN Zip Code 37219- <hr/> Purpose of Disbursement Merchant Processing fees 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: 01029.E463 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1547.63 |
| | MERCHANT PROCESSING FEES |
| | Category/ Type |
| C. Full Name (Last, First, Middle Initial) Townsend Group <hr/> Mailing Address 1006 Pendeleton Street <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement Consulting Fundraising 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: 01102.E488 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 11959.72 |
| | CONSULTING FUNDRAISING |
| | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 24595.67 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |