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)
[ ] 17 [ ] 18 [ ] 19a
[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Friends of Mike H C00492231

A.
Full Name (Last, First, Middle Initial): Braman, Irma
Mailing Address: 1 Indian Creek Island Road
City: Indian Creek Village State: FL Zip Code: 33154
Purpose of Disbursement: contribution refund
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify): ▼
Transaction ID: D189-002H01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Braman, Norman
Mailing Address: 1 Indian Creek Island Road
City: Indian Creek Village State: FL Zip Code: 33154
Purpose of Disbursement: contribution refund
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify): ▼
Transaction ID: D190-002G01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 2400.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Brana, Armando A.
Mailing Address: 11889 S.W. 74th Terrace
City: Miami State: FL Zip Code: 33183
Purpose of Disbursement: contribution refund
Candidate Name:
Category/Type:
Office Sought: State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify): ▼
Transaction ID: D191-00Xg01
Date of Disbursemenmt: 08 / 22 / 2011
Amount of Each Disbursement this Period: 500.00
[ ] Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5300.00

TOTAL This Period (last page this line number only) ▶ 139850.00

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