

**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)

PAGE 56 OF 145

<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 21
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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 Mike H

C00492231

Full Name (Last, First, Middle Initial)

A. Gonzalez, Neil M.

Mailing Address

14435 S.W. 87th Avenue

City

Miami

State

FL

Zip Code

33176

Purpose of Disbursement
contribution refund

Candidate Name

Category/
Type

Office Sought:

District:

Disbursement For:

<input type="checkbox"/>
<input type="checkbox"/>

Primary

General

Other (specify): ▼

State:

Transaction ID: D612-001801

Date of Disbursement

M/M/08	/	D/D/22	/	Y/Y/Y/2011
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Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Gordon, Lynda S.

Mailing Address

3 Grove Isle Drive, #1801

City

Coconut Grove

State

FL

Zip Code

33133

Purpose of Disbursement
contribution refund

Candidate Name

Category/
Type

Office Sought:

District:

Disbursement For:

<input type="checkbox"/>
<input type="checkbox"/>

Primary

General

Other (specify): ▼

State:

Transaction ID: D614-000X01

Date of Disbursement

M/M/08	/	D/D/22	/	Y/Y/Y/2011
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Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Gordon, Michael S.

Mailing Address

3 Grove Isle Drive, #1801

City

Coconut Grove

State

FL

Zip Code

33133

Purpose of Disbursement
contribution refund

Candidate Name

Category/
Type

Office Sought:

District:

Disbursement For:

<input type="checkbox"/>
<input type="checkbox"/>

Primary

General

Other (specify): ▼

State:

Transaction ID: D615-000W01

Date of Disbursement

M/M/08	/	D/D/22	/	Y/Y/Y/2011
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Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excessive
Contributions Required under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6800.00

TOTAL This Period (last page this line number only)

390466.66

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