

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)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
People for Pete Domenici Committee

A. Full Name (Last, First, Middle Initial) Michelle Harvey	Transaction ID: 71128.E5314 Date of Disbursement
Mailing Address 2142 S Holland St	<div> <div>10</div> <div>25</div> <div>2007</div> </div>
City State Zip Code Denver CO 80227-2269	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Refund Candidate Name	<div>2300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>010</div> Category/Type
B. Full Name (Last, First, Middle Initial) Jerry Hattox	Transaction ID: 71128.E5315 Date of Disbursement
Mailing Address 5504 Luna Del Oro Court NE	<div> <div>10</div> <div>25</div> <div>2007</div> </div>
City State Zip Code Albuquerque NM 87111-0000	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Refund Candidate Name	<div>2300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>010</div> Category/Type
C. Full Name (Last, First, Middle Initial) John Heaton	Transaction ID: 71128.E5328 Date of Disbursement
Mailing Address 1008 W Riverside	<div> <div>10</div> <div>25</div> <div>2007</div> </div>
City State Zip Code Carlsbad NM 88220-0000	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Refund Candidate Name	<div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div>010</div> Category/Type
SUBTOTAL of Disbursements This Page (optional)	<div>6600.00</div>
TOTAL This Period (last page this line number only)	