

**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 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
HATCH ELECTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Friends of John Barrasso**

Mailing Address 6896 Casper Mountain Rd.

City Casper State WY Zip Code 82601-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARY  
Candidate Name

Office Sought: House Senate President  
Disbursement For: 2012 Primary General  
X Other (specify) ▼  
State: District: Primary

Full Name (Last, First, Middle Initial)

Transaction ID: 71011.E7184

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Category/  
Type

**B. Friends of John Barrasso**

Mailing Address 6896 Casper Mountain Rd.

City Casper State WY Zip Code 82601-

Purpose of Disbursement  
CONTRIBUTION TO GENERAL  
Candidate Name

Office Sought: House Senate President  
Disbursement For: 2012 Primary General  
X Other (specify) ▼  
State: District: General

Full Name (Last, First, Middle Initial)

Transaction ID: 71011.E7185

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Category/  
Type

**C. Friends of Sessions Senate Committee, In**

Mailing Address PO Box 4278

City Montgomery State AL Zip Code 36103-

Purpose of Disbursement  
CONTRIBUTION TO PRIMARY  
Candidate Name

Office Sought: House Senate President  
Disbursement For: 2012 Primary General  
X Other (specify) ▼  
State: District: Primary

Transaction ID: 71011.E7183

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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