

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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<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)
Friends of Jeb Hensarling

<p>A. Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress</p> <p>Mailing Address PO Box 1441</p> <p>City Topeka State KS Zip Code 66601-1441</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Lynn Jenkins</p> <p>Office Sought: <input checked="" 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) ▼</p> <p>State: KS District: 02</p>	<p>Transaction ID: B-E-15326 Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Manion for Congress</p> <p>Mailing Address PO Box 28</p> <p>City Doylestown State PA Zip Code 18901-0028</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tom Manion</p> <p>Office Sought: <input checked="" 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) ▼</p> <p>State: PA District: 08</p>	<p>Transaction ID: B-E-15324 Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress</p> <p>Mailing Address 9760 SW 118th Street</p> <p>City Miami State FL Zip Code 33176-4133</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mario Diaz-Balart</p> <p>Office Sought: <input checked="" 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) ▼</p> <p>State: FL District: 25</p>	<p>Transaction ID: B-E-15294 Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	