

**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 OF	
	<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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NAME OF COMMITTEE (In Full)  
**Friends of Phil Gramm**

Full Name (Last, First, Middle Initial) <b>Whitaker, Dr. James Q.</b>		Date of Disbursement <b>10 01 2001</b>
Mailing Address <b>P.O. Box 2981</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Warner Robins</b>	State Zip Code <b>GA 31099</b>	
Purpose of Disbursement <b>contribution refund</b>		Category/Type <b>010</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>White, Mr. James A.</b>		Date of Disbursement <b>10 01 2001</b>
Mailing Address <b>124 W. 60th Street, #46F</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>New York</b>	State Zip Code <b>NY 10023</b>	
Purpose of Disbursement <b>contribution refund</b>		Category/Type <b>010</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>Willey, Mr. David M.</b>		Date of Disbursement <b>10 01 2001</b>
Mailing Address <b>1221 Towlston Road</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Great Falls</b>	State Zip Code <b>VA 22066</b>	
Purpose of Disbursement <b>contribution refund</b>		Category/Type <b>010</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional):	<b>3,000.00</b>
TOTAL This Period (last page this line number ONLY):	