

**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 type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 21
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<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>A. Heckman, Mr. C. Luther</b>		Date of Disbursement <b>10 01 2001</b>
Mailing Address <b>37 W. Broad Street, #1100</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	
Zip Code <b>43215</b>		Category/Type <b>010</b>
Purpose of Disbursement <b>contribution refund</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>B. Hedges, Mr. Daniel K.</b>		Date of Disbursement <b>10 01 2001</b>
Mailing Address <b>3225 Ella Lee</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Houston</b>	State <b>TX</b>	
Zip Code <b>77019</b>		Category/Type <b>010</b>
Purpose of Disbursement <b>contribution refund</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>C. Hemminghaus, Mr. Roger R.</b>		Date of Disbursement <b>10 01 2001</b>
Mailing Address <b>P.O. Box 696010</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>San Antonio</b>	State <b>TX</b>	
Zip Code <b>78269</b>		Category/Type <b>010</b>
Purpose of Disbursement <b>contribution refund</b>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2,000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	