

**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)
HEATHER WILSON FOR SENATE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jerry Hattox</p> <p>Mailing Address 5504 Luna Del Oro Court NE</p> <p>City Albuquerque State NM Zip Code 87111-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 80811.E8929</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wilma Hattox</p> <p>Mailing Address 5504 Luna Del Oro Court NE</p> <p>City Albuquerque State NM Zip Code 87111-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 80811.E8930</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Trudy Henderson</p> <p>Mailing Address 10416 Royal Troon NE</p> <p>City Albuquerque State NM Zip Code 87111-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 80811.E8931</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) 6300.00</p>	
<p>TOTAL This Period (last page this line number only)</p>	