

# 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 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 Tramm Hudson

|  |  |   |
|--|--|---|
| <b>A. James W. Heavener</b><br>Full Name (Last, First, Middle Initial)   |  | <b>Transaction ID: SB20A.9502</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 8 / 2 0 0 6 |
| Mailing Address 731 Pine Tree Road   |  | Amount of Each Disbursement this Period<br>2100.00  |
| City Winter Park State FL Zip Code 32789   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Contribution Refund<br>Candidate Name  | 010<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| <b>B. Judson Chase Heavener</b><br>Full Name (Last, First, Middle Initial)   |  | <b>Transaction ID: SB20A.9501</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 8 / 2 0 0 6 |
| Mailing Address 3300 University Boulevard Suite 218  |  | Amount of Each Disbursement this Period<br>2100.00  |
| City Winter Park State FL Zip Code 32792   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Contribution Refund<br>Candidate Name  | 010<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| <b>C. G.W. Hughes</b><br>Full Name (Last, First, Middle Initial)   |  | <b>Transaction ID: SB20A.9953</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 6106 Sunrise Ranch Drive   |  | Amount of Each Disbursement this Period<br>2000.00  |
| City Longmont State CO Zip Code 80503  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Contribution Refund<br>Candidate Name  | 010<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |