

**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 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 Sharron Angle

A.	Full Name (Last, First, Middle Initial) RON AMINI	Transaction ID: 10128.E3963
	Mailing Address 3508 Lost Creek Blvd	Date of Disbursement MM / DD / YYYY 11 / 26 / 2010
	City Austin State TX Zip Code 78735-1506	Amount of Each Disbursement this Period 1800.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RALPH BURCHENAL	Transaction ID: 10128.E3966
	Mailing Address 725 Ivy Ave	Date of Disbursement MM / DD / YYYY 11 / 23 / 2010
	City Cincinnati State OH Zip Code 45246-4410	Amount of Each Disbursement this Period 450.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Elsa Bandi	Transaction ID: 01201.E3057
	Mailing Address 401 Rollwind Rd	Date of Disbursement MM / DD / YYYY 11 / 23 / 2010
	City Glenview State IL Zip Code 60025-5142	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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