

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 type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial) Committee to Elect Alan Grayson <hr/> Mailing Address P.O. Box 536447 <hr/> City Orlando State FL Zip Code 32853- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name ALAN GRAYSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 <hr/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7986 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	(Empty box for Category/Type)
B. Full Name (Last, First, Middle Initial) Harry Teague For Congress <hr/> Mailing Address P.O. Box 5153 <hr/> City Hobbs State NM Zip Code 88241- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name HARRY TEAGUE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 <hr/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E8005 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	(Empty box for Category/Type)
C. Full Name (Last, First, Middle Initial) Hulburd For Congress <hr/> Mailing Address 4340 E Indian School Road, #21-467 <hr/> City Phoenix State AZ Zip Code 85018- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JON HULBURD <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 <hr/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7990 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	(Empty box for Category/Type)

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)