SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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)
Dirigo PAC

A.
Full Name (Last, First, Middle Initial): Chambliss For Senate
Mailing Address: P.O. Box 12469
City: Atlanta State: GA Zip Code: 30355-
Purpose of Disbursement: CONTRIBUTION
Candidate Name: SAXBY CHAMBLISS
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: GA District: 00
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 70306.E220
Date of Disbursement: 02 / 21 / 2007
Amount of Each Disbursement this Period: 5000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial): Coleman For Senate 08
Mailing Address: 7300 Hudson Blvd., Suite 270A
City: Saint Paul State: MN Zip Code: 55128-
Purpose of Disbursement: CONTRIBUTION
Candidate Name: NORM COLEMAN
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: MN District: 00
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 70207.E213
Date of Disbursement: 01 / 17 / 2007
Amount of Each Disbursement this Period: 5000.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial): Elizabeth Dole Committee Inc.
Mailing Address: P.O. Box 2918
City: Raleigh State: NC Zip Code: 27602-
Purpose of Disbursement: CONTRIBUTION
Candidate Name: ELIZABETH H DOLE
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: NC District: 00
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 70405.E224
Date of Disbursement: 03 / 13 / 2007
Amount of Each Disbursement this Period: 5000.00
CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

TOTAL This Period (last page this line number only) ..... ▶