

**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)	PAGE 249 OF 278
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Orman for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial) A. OfficeMax Inc.		Date of Disbursement MM / DD / YYYY 11 / 06 / 2014
Mailing Address 15315 W 119th Street		Amount of Each Disbursement this Period 33.76
City Olathe	State KS	
Purpose of Disbursement Office Supplies		Transaction ID : B-S-609
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Gretchen Hess(11/06/14)
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Gretchen Hess		Date of Disbursement MM / DD / YYYY 11 / 06 / 2014
Mailing Address 1006 Mississippi Street		Amount of Each Disbursement this Period 296.08
City Lawrence	State KS	
Purpose of Disbursement Expense Reimbursement: See Memos		Transaction ID : B-E-4500
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. United States Post Office		Date of Disbursement MM / DD / YYYY 11 / 06 / 2014
Mailing Address 22015 W 66th Street		Amount of Each Disbursement this Period 245
City Shawnee Mission	State KS	
Purpose of Disbursement Stamps		Transaction ID : B-S-616
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Gretchen Hess(11/06/14)
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	296.08
TOTAL This Period (last page this line number only)	

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