

**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 107 OF 109	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Curtis Bostic**

Full Name (Last, First, Middle Initial) <b>A. Legally Driven, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2013
Mailing Address 497 Bramson Court		Amount of Each Disbursement this Period 000,000.00 Transaction ID : SB20A.4145
City Mount Pleasant	State SC	
Zip Code 29464	Purpose of Disbursement Refund of Paypal 52V017981S760982M	[MEMO ITEM]
Candidate Name <b>Committee to Elect Curtis Bostic</b>	Category/ Type 010	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 01		

Full Name (Last, First, Middle Initial) <b>B. Schroder's Services, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address 2013-A Bees Ferry Road		Amount of Each Disbursement this Period 000,000.00 Transaction ID : SB20A.4484
City Charleston	State SC	
Zip Code 29414	Purpose of Disbursement Refund of 66Y36150CW7588404	[MEMO ITEM]
Candidate Name <b>Committee to Elect Curtis Bostic</b>	Category/ Type 010	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 01		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period 000,000.00
City	State	
Zip Code	Purpose of Disbursement	[MEMO ITEM]
Candidate Name	Category/ Type	
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	0.00