

**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 44 OF 45	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JEFF DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dealers Election Action Committee Of The National Automobile Dealers Association		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015	
Mailing Address 8400 Westpark Drive			
City McLean	State VA	Zip Code 22102-5116	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Refund: Refund of 12/18/14 Contribution		Category/ Type	Transaction ID : B8621B5A223134290926
Candidate Name Dealers Election Action Committee Of The National Automobile Dealers Association			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
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)		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
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)		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00