

# 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)

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<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

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NAME OF COMMITTEE (In Full)  
Friends of Zach Wamp

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerald McCormick Campaign <hr/> Mailing Address 53311 Fairview Road <hr/> City Hixson State TN Zip Code 37343- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80929.E4980 Date of Disbursement 09 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Porter for Congress <hr/> Mailing Address P.O. Box 26087 <hr/> City Las Vegas State NV Zip Code 89126- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JON C PORTER, SR <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81010.E5073 Date of Disbursement 09 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Bill Sanderson Campaign <hr/> Mailing Address 115 E College St <hr/> City Kenton State TN Zip Code 38233-1335 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80929.E5032 Date of Disbursement 09 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2000.00

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