

**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 50 OF 50	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Chambliss for Senate

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Date of Disbursement MM / DD / YYYY 12 / 26 / 2013
Mailing Address 425 2nd Street, NE		Amount of Each Disbursement this Period 50000.00 Transaction ID : 40127.E13880
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Date of Disbursement MM / DD / YYYY 10 / 03 / 2013
Mailing Address 425 2nd Street, NE		Amount of Each Disbursement this Period 50000.00 Transaction ID : 40127.E13778
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	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).....	100000.00
TOTAL This Period (last page this line number only).....	100000.00

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