

# 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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Zach Wamp

A.	Full Name (Last, First, Middle Initial) Sprint/Nextel Communications  Mailing Address 1505 Farm Credit Drive  City Mc Lean State VA Zip Code 22102-  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80701.E4886 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8  Amount of Each Disbursement this Period 291.66  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE
B.	Full Name (Last, First, Middle Initial) Sprint/Nextel Communications  Mailing Address 1505 Farm Credit Drive  City Mc Lean State VA Zip Code 22102-  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80701.E4905 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8  Amount of Each Disbursement this Period 318.63  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE
C.	Full Name (Last, First, Middle Initial) Natl Republican Congressional Committee  Mailing Address 320 First Street, Southeast  City Washington State DC Zip Code 20003-  Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80701.E4900 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8  Amount of Each Disbursement this Period 55000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TRANSFER OF EXCESS CAMPAIGN FUNDS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	55610.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____