

**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

Full Name (Last, First, Middle Initial) A. TN Republican Party		Transaction ID: 71005.E4522 Date of Disbursement 08 / 16 / 2007
Mailing Address 2323 Hillsboro Road		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
City Nashville State TN Zip Code 37212-	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) ▼	TRANSFER OF EXCESS CAMPAIGN FUNDS

Full Name (Last, First, Middle Initial) B. Tennessee Right to Life		Transaction ID: 71005.E4536 Date of Disbursement 09 / 24 / 2007
Mailing Address PO Box 110765		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
City Nashville State TN Zip Code 37222-0765	Purpose of Disbursement SPONSORSHIP 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) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) C. Sams Club		Transaction ID: 71005.E4505 Date of Disbursement 07 / 13 / 2007
Mailing Address 6101 Lee Hwy		Amount of Each Disbursement this Period 172.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chattanooga State TN Zip Code 37421-	Purpose of Disbursement OFFICE SUPPLIES 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) ▼	OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	2172.81
TOTAL This Period (last page this line number only) ▶