

**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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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Brian Cuddy		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 2145 Henry Tecklenburg Dr Suite 220		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.24947
City Charleston	State SC Zip Code 29414	
Purpose of Disbursement General Election Refund	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Richard Diaz		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 631 Reedy Rd.		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB20A.24950
City Conway	State AR Zip Code 72034	
Purpose of Disbursement General Election Refund	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. James Edwards		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 3520 Cohasset Avenue		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.24951
City Annapolis	State MD Zip Code 21403	
Purpose of Disbursement General Election Refund	Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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