

**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 12 OF 12 | |
| | <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)
TREY GOWDY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. MAJOR GENERAL BOB LIVINGSTON FOR ADJUTANT GENERAL | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address PO BOX 1958 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.13009 |
| City COLUMBIA State SC Zip Code 29202 | Purpose of Disbursement CONTRIBUTION 011 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SOUTH CAROLINA REPUBLICAN PARTY | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014 |
| Mailing Address P.O. Box 12373 | | Amount of Each Disbursement this Period 10000.00 Transaction ID : SB21.13016 |
| City Columbia State SC Zip Code 29211 | Purpose of Disbursement TRANSFER 008 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| 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 | |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 11000.00 |
| TOTAL This Period (last page this line number only)..... | 11000.00 |