

**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 28 OF 28	
	<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. TERRI LYNN LAND FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 308		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.12221
City GRANDVILLE State MI Zip Code 49418	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 00	

Full Name (Last, First, Middle Initial) B. TERRI LYNN LAND FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 308		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.12226
City GRANDVILLE State MI Zip Code 49418	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 00	

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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	23000.00