

# 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)  
Scott for Congress

A.

Full Name (Last, First, Middle Initial)  
Ms. Tye Davenport

Mailing Address 5506 Springwater Ln

City Richmond State VA Zip Code 23228-1798

Purpose of Disbursement  
Mileage  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D313496  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Amount of Each Disbursement this Period

100.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
David L. Andrukitis, Inc.

Mailing Address 50 E St SE

City Washington State DC Zip Code 20003-2620

Purpose of Disbursement  
Printing (SCOTR02)  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D313491  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	8

Amount of Each Disbursement this Period

1036.80
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Democratic Party of Virginia

Mailing Address 1710 E Franklin St

City Richmond State VA Zip Code 23223-7025

Purpose of Disbursement  
Online Voter File  
Candidate Name  
Democratic Party of Virginia

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D315295  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

Amount of Each Disbursement this Period

3000.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

4136.80

TOTAL This Period (last page this line number only) .....