

**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 53 OF 53 |
| | <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)
Gingrey for Congress, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. ANDERSON FOR CONGRESS | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012 |
| Mailing Address 160 LOUISVILLE ROAD | | Amount of Each Disbursement this Period 1000.00 Transaction ID : BD6B6A811C46E4B48AB7 |
| City GROVETOWN State GA Zip Code 30813 | Purpose of Disbursement Debt Retirement Contribution | |
| Candidate Name Lee I Anderson | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: GA District: 12 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ANDERSON FOR CONGRESS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012 |
| Mailing Address 160 LOUISVILLE ROAD | | Amount of Each Disbursement this Period 2000.00 Transaction ID : BB6169414188B48B6ACA |
| City GROVETOWN State GA Zip Code 30813 | Purpose of Disbursement Contribution | |
| Candidate Name Lee I Anderson | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: GA District: 12 | | |

| | | |
|--|--|---|
| 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 | |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | 7250.00 |