

**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 98 OF 99	
	<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)
Austin Scott for Congress Inc

Full Name (Last, First, Middle Initial) A. ANDY BARR FOR CONGRESS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address PO BOX 2059		Amount of Each Disbursement this Period 500.00 Transaction ID : B9D229358395545F7B9C
City LEXINGTON State KY Zip Code 40588	Purpose of Disbursement Contribution	
Candidate Name Garland Andy Barr	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: KY District: 06		

Full Name (Last, First, Middle Initial) B. DOHENY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 65 HIGH STREET		Amount of Each Disbursement this Period 500.00 Transaction ID : B99C934088D1A427982F
City ALEXANDRIA BAY State NY Zip Code 13607	Purpose of Disbursement Contribution	
Candidate Name Matthew Doheny	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: NY District: 21		

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 Contribution	
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).....	1000.00
TOTAL This Period (last page this line number only).....	44000.00