

# 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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Scott for Congress

A.	Full Name (Last, First, Middle Initial) <b>KENDRICK MEEK FOR FLORIDA</b>  Mailing Address 111 NW 183rd St Ste 325  City Miami State FL Zip Code 33169-4538  Purpose of Disbursement Contribution Candidate Name <b>KENDRICK MEEK FOR FLORIDA</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D354791 Date of Disbursement 03 / 27 / 2009  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) <b>Norfolk State University</b>  Mailing Address 700 Park Ave Ste 340  City Norfolk State VA Zip Code 23504-8050  Purpose of Disbursement Gala Sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D358188 Date of Disbursement 03 / 17 / 2009  Amount of Each Disbursement this Period 1250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) <b>PERRIELLO FOR CONGRESS</b>  Mailing Address PO BOX 306  City IVY State VA Zip Code 22945  Purpose of Disbursement Contribution Candidate Name Tom Perriello Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 05	Transaction ID: D354792 Date of Disbursement 03 / 31 / 2009  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**3250.00**

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