

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Innovation PAC**

Full Name (Last, First, Middle Initial)

**A. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**

Mailing Address P.O. BOX 11091

City State Zip Code  
CHATTANOOGA TN 37401

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**CHARLES J FLEISCHMANN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2011

Transaction ID : **SB23.4145**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARY LANDRIEU INC**

Mailing Address 700 13TH STREET NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**MARY L LANDRIEU**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2011

Transaction ID : **SB23.4151**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. GARAGIOLA FOR CONGRESS**

Mailing Address 13421 WINTERSPOON LANE

City State Zip Code  
GERMANTOWN MD 20874

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**ROBERT J GARAGIOLA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2011

Transaction ID : **SB23.4142**

Amount of Each Disbursement this Period

500.00

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

1500.00

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