

**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)
THE CENTER

Full Name (Last, First, Middle Initial) A. PATRIOTS FOR SCOTT PERRY		Date of Disbursement 04 / 16 / 2012
Mailing Address 130 ORE BANK ROAD		Amount of Each Disbursement this Period \$ 500.00
City DUNSBURG	State PA	
Purpose of Disbursement CAMPAIGN CONTRIBUTION	Zip Code 17019	Category/ Type 011
Candidate Name SCOTT PERRY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA	District: 4TH	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period \$
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼

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	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶	\$
TOTAL This Period (last page this line number only).....▶	\$

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