

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

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NAME OF COMMITTEE (In Full)  
Friends of John Barrow

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)</b></p> <p>Mailing Address 4301 Wilson Boulevard</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Event</p> <p>Candidate Name <b>ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2848 <b>Date of Disbursement</b> 06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 256.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Anne L. Scheer</p> <p>Mailing Address 8 E Liberty St P.O. Box 11047</p> <p>City Savannah State GA Zip Code 31401-3921</p> <p>Purpose of Disbursement Petty Cash for Campaign Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2751 <b>Date of Disbursement</b> 04 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sonoma Restaurant</p> <p>Mailing Address 223 Pennsylvania Ave Se</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2895 <b>Date of Disbursement</b> 06 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1496.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2252.27

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