

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. LANDRY FOR LOUISIANA

Mailing Address P. O. BOX 13816

City NEW IBERIA State LA Zip Code 70562

Purpose of Disbursement

011

Category/
Type

Candidate Name

JEFF LANDRY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 02 / 2012

Transaction ID : EXPB138

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ANDERSON FOR CONGRESS

Mailing Address 160 LOUISVILLE RD.

City GROVETOWN State GA Zip Code 30813

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEE ANDERSON

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : EXPB143

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

6000.00

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

6000.00