

**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)

BrettPAC - The Leadership PAC of US Representative Brett Guthrie

Full Name (Last, First, Middle Initial)

A. Givens for State Senate

Mailing Address PO Box 12

City Greensburg State KY Zip Code 42743-0012

Purpose of Disbursement
Political Contribution: contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : SB23-161-217-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201-1496

Purpose of Disbursement
Political Contribution: contribution

011

Candidate Name

The Honora Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : SB23-223-220-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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)..... ▶

1500.00

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

1500.00