

**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)

PAGE 57 OF 376

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Mike DeWine for US Senate

Full Name (Last, First, Middle Initial)

A

Pat DeWine for Congress

Mailing Address: 4440 Glen Este Withamsville Rd.
City: Cincinnati, OH State: OH Zip Code: 45245

Purpose of Disbursement: In-Kind Airfare

Candidate Name: R. Pat DeWine

Office Sought: House Senate President

Disbursement For: 2005
 Primary General
 Other (specify): Special Primary

State: OH District: 02

Date of Disbursement

05 20 2005

Amount of Each Disbursement this Period

339.20

Memo Item

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B

Bank of America

Mailing Address: P.O. Box 60075
City: City of Industry, CA State: CA Zip Code: 91716

Purpose of Disbursement: In-Kind credit card: see below

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify):

State: District:

Date of Disbursement

06 02 2005

Amount of Each Disbursement this Period

369.20

In-Kind: credit card: see below

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C

Carroll Travel

Mailing Address: 201 Massachusetts Ave., NE
City: Washington, DC State: DC Zip Code: 20002

Purpose of Disbursement: Airfare

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify):

State: District:

Date of Disbursement

06 02 2005

Amount of Each Disbursement this Period

369.20

Memo Item

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Airfare

SUBTOTAL of Disbursements This Page (optional)

369.20

TOTAL This Period (last page this line number only)