

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 Ginny Brown-Waite

A.

Full Name (Last, First, Middle Initial)
Pryce for Congress

Mailing Address 3404 Riverside Drive

City Columbus State OH Zip Code 43221-1743

Purpose of Disbursement
Inkind: Fundraising Event in Vail Co f
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-I-17456
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	0	8

Amount of Each Disbursement this Period

1497.42

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

B.

Full Name (Last, First, Middle Initial)
Kathy J. Mansfield

Mailing Address 22043 Hale Road

City Land O Lakes State FL Zip Code 34639-3742

Purpose of Disbursement
Travel Expense & Reimbursement
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-17869
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	8

Amount of Each Disbursement this Period

284.29

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

Original vendors exceeding reporting threshold itemized as memo transactions.

C.

Full Name (Last, First, Middle Initial)
Cortez Community Bank

Mailing Address 1000 S Broad Street

City Brooksville State FL Zip Code 34601-3117

Purpose of Disbursement
Bank Charge
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-18426
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	8

Amount of Each Disbursement this Period

3.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1784.71

TOTAL This Period (last page this line number only) ►

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