

**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)

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<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
 Hobson For Congress

Full Name (Last, First, Middle Initial)  
**A. Pat DeWine**

Mailing Address 119 E. Court Street, Suite 402

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
 Fed-Contrib (OH-2)

Candidate Name  
 Pat DeWine for Congress

Office Sought: House Senate President  
 State: OH District

Disbursement For: 2006  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D89-04UR01  
 Date of Disbursement  
 06 / 02 / 2005

Amount of Each Disbursement this Period  
 1000.00

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

Full Name (Last, First, Middle Initial)  
**B. Charlie Dent**

Mailing Address Charlie Dent for Congress  
 PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
 Fed Contrib US Rep (PA-15)

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2006  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D100-04UG01  
 Date of Disbursement  
 06 / 12 / 2005

Amount of Each Disbursement this Period  
 1000.00

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

Full Name (Last, First, Middle Initial)  
**C. Franklin Co. Republican Party**

Mailing Address 14 E. Gay Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
 Contribution

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2006  
 Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: D121-03mc08  
 Date of Disbursement  
 04 / 28 / 2005

Amount of Each Disbursement this Period  
 1000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3000.00**

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