

# 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 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)  
HASTINGS FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ANDRE CARSON FOR CONGRESS</b>	<b>Transaction ID:</b> SB21.14873 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8	
	Mailing Address One North Capitol Street #211		Amount of Each Disbursement this Period 1000.00
	City State Zip Code Indianapolis IN 46204		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN DONATION	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BOBBY DUBOSE BOBBY DUBOSE CAMPAIGN</b>	<b>Transaction ID:</b> SB21.14896 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 8	
	Mailing Address P..O. BOX 1041		Amount of Each Disbursement this Period 250.00
	City State Zip Code FT. LAUDERDALE FL 33302		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN DONATION	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Mr. CHRIS VAN HOLLEN D.C.C.C.</b>	<b>Transaction ID:</b> SB21.14875 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8	
	Mailing Address 430 S. CAPITAL STREET		Amount of Each Disbursement this Period 40000.00
	City State Zip Code WASHINGTON DC 20003		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement TRANSFER OF EXCESS FUNDS	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>41250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	