

**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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17 20a
 18 20b
 19a 20c
 19b 21

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NAME OF COMMITTEE (In Full)
Friends of John Kerry, Inc.

A. Full Name (Last, First, Middle Initial)
Ohio Democratic Party

Mailing Address 271 E State St

City Columbus State OH Zip Code 43215-4342

Purpose of Disbursement In-Kind Lists
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4102
Date of Disbursement 10 / 12 / 2008

Amount of Each Disbursement this Period 280.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Ohio Democratic Party

Mailing Address 271 E State St

City Columbus State OH Zip Code 43215-4342

Purpose of Disbursement In-Kind Lists
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4109
Date of Disbursement 10 / 20 / 2008

Amount of Each Disbursement this Period 3.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Ohio Democratic Party

Mailing Address 271 E State St

City Columbus State OH Zip Code 43215-4342

Purpose of Disbursement In-Kind Lists
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4115
Date of Disbursement 11 / 08 / 2008

Amount of Each Disbursement this Period 1.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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