

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Full Name (Last, First, Middle Initial) <b>A. THELMA DRAKE FOR CONGRESS</b>		<b>Transaction ID: SB23.4143</b> Date of Disbursement
Mailing Address P.O. Box 61480		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Virginia Beach	State VA	Zip Code 23466
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name THELMA DRAKE FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. WHALEN FOR CONGRESS</b>		<b>Transaction ID: SB23.4153</b> Date of Disbursement
Mailing Address P. O. Box 750		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Bettendorf	State IA	Zip Code 52722
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name WHALEN FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 01	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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