

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER
23

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NAME OF COMMITTEE (In Full)
Ohio Society of Anesthesiologists PAC

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement (House - OH - 90) Campaign Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Weston for State Representative 11495 Irvin Shoots Rd. Morral OH 43337	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/21/1998	125.00
Drake for Congress 5954 Briardale Lane Solon OH 44139	Purpose of Disbursement (House - OH - 13) Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/02/1998	350.00
Hollinger for State Senate 455 Keley Lane Newark OH 43055	Purpose of Disbursement (Senate - OH - 31) Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/05/1998	250.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

600.00