

**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)

<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)

**A. Dold for Congress**

Mailing Address P. O. Box 6312

City State Zip Code  
Libertyville IL 60048

Purpose of Disbursement contribution

Candidate Name

**Robert James Dold Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

**Transaction ID : SB23.4367**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. Keystone Majority Fund**

Mailing Address 228 S. Washington Street, #115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

**Transaction ID : SB23.4361**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**C. Lobiondo for Congress**

Mailing Address P. O. Box 550

City State Zip Code  
Vineland NJ 08362

Purpose of Disbursement contribution

Candidate Name

**Frank A. Lobiondo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

**Transaction ID : SB23.4364**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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