

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)
Honeywell International Political Action Committee

A. Full Name (Last, First, Middle Initial) Tim Mahoney For Florida <hr/> Mailing Address 2000 PGA Blvd. Suite 3230 <hr/> City State Zip Code Palm Beach Gardens FL 33408 <hr/> Purpose of Disbursement Requested by Sean O'Hollaren-Event 9/22/08 Candidate Name Rep. Timothy Mahoney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28635163 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Requested by Sean O'Holla- ren-Event 9/22/08
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Republican Party of Virginia-Federal Account <hr/> Mailing Address 115 East Grace Street <hr/> City State Zip Code Richmond VA 23219-1741 <hr/> Purpose of Disbursement Federal Contribution-Requested by C.Ciccone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28650083 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Federal Contribution-Req- uested by C.Ciccone
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Alaska Republican Party-Federal Account <hr/> Mailing Address 1001 W. Fireweed Lane <hr/> City State Zip Code Anchorage AK 99503 <hr/> Purpose of Disbursement Federal Contribution-Requested by C.Ciccone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28650100 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Federal Contribution-Req- uested by C.Ciccone
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]