SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Friends of John Hostettler Committee

Mailing Address   PO Box 3676

City	State	Zip Code
Evansville	IN	47735-3676

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
JOHN NATHAN HOSTETTLER

Category/ Type

Office Sought: X House
                  Senate
                  President
State: IN   District: 08

Disbursement For: 2006
  Primary   X General
  Other (specify) ▼

Transaction ID: 60709.E5599
Date of Disbursement

M M 0 4 / D D 2 1 / Y Y Y Y 2 0 0 6

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Friends of John Hostettler Committee

Mailing Address   PO Box 3676

City	State	Zip Code
Evansville	IN	47735-3676

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
JOHN NATHAN HOSTETTLER

Category/ Type

Office Sought: X House
                  Senate
                  President
State: IN   District: 08

Disbursement For: 2006
  X Primary   General
  Other (specify) ▼

Transaction ID: 60709.E5598
Date of Disbursement

M M 0 4 / D D 2 1 / Y Y Y Y 2 0 0 6

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
David McSweeney for Congress

Mailing Address   8 Hubbell Ct

City	State	Zip Code
Barrington	IL	60010-5137

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
DAVID MCSWEENEY

Category/ Type

Office Sought: X House
                  Senate
                  President
State: IL   District: 08

Disbursement For: 2006
  Primary   X General
  Other (specify) ▼

Transaction ID: 60709.E5604
Date of Disbursement

M M 0 6 / D D 2 3 / Y Y Y Y 2 0 0 6

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .... ▶   6000.00

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

FEC **Schedule B (Form 3)** Rev. 02/2003