

**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. Brian Fitzpatrick for Congress

Mailing Address P. O. Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement contribution

Candidate Name

Brian Fitzpatrick

Office Sought: House Senate President

State: PA District: 08

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : SB23.4618

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick for Congress

Mailing Address P. O. Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement contribution

Candidate Name

Brian Fitzpatrick

Office Sought: House Senate President

State: PA District: 08

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2016

Transaction ID : SB23.4634

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dold for Congress

Mailing Address P. O. Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement contribution

Candidate Name

Robert James Dold Jr.

Office Sought: House Senate President

State: IL District: 10

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : SB23.4616

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00