

**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. Friends of Todd Young, Inc.**

Mailing Address P. O. Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement contribution

Candidate Name

**Todd Christopher Young**

Office Sought:  House  Senate  President

State: IN District: 00

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

**Transaction ID : SB23.4633**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Martins for Congress**

Mailing Address P. O. Box 12

City Williston Park State NY Zip Code 11596

Purpose of Disbursement contribution

Candidate Name

**Jack Martins**

Office Sought:  House  Senate  President

State: NY District: 03

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

**Transaction ID : SB23.4621**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul Babeu for Congress**

Mailing Address P. O. Box 11186

City Casa Grande State AZ Zip Code 85130

Purpose of Disbursement contribution

Candidate Name

**Paul Raymond Babeu**

Office Sought:  House  Senate  President

State: AZ District: 01

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

**Transaction ID : SB23.4637**

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