

**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)  
**Hardwood Federation PAC, Inc**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement Contribution

Candidate Name **FRIENDS OF JOE PITTS**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: PA District: 16

Date of Disbursement: 11 / 01 / 2011

**Transaction ID : SB23.7855**

Amount of Each Disbursement this Period: 1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROSA DELAURO**

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement Contribution

Candidate Name **FRIENDS OF ROSA DELAURO**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: CT District: 03

Date of Disbursement: 11 / 01 / 2011

**Transaction ID : SB23.7854**

Amount of Each Disbursement this Period: 1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. JO BONNER FOR CONGRESS**

Mailing Address P.O. Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement Contribution

Candidate Name **JO BONNER FOR CONGRESS**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: AL District: 01

Date of Disbursement: 11 / 01 / 2011

**Transaction ID : SB23.7850**

Amount of Each Disbursement this Period: 1000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional).....▶ 3000.00

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