SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

MoveOn.org PAC FEC ID No. C00341396

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AboveNet (cont'd)	Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
Schweitzer for US Senate Po Box 4914 Whitefish, MT 59937	In-Kind Cont. MT-SEN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/25/00 11/27/00	9.11 23.10 MEMO
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
Jordan for Congress PO Box 21151 Louisville, KY 40221	In-Kind Cont. KY-3 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/25/00 11/27/00	9.11 23.10 MEMO
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
Marshall2000.org PO Box 125 Macon, GA 31202	In-Kind Cont. GA-8 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/25/00 11/27/00	9.11 23.10 MEMO
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
Schipske for Congress PO Box 50035 Long Beach, CA 90815	In-Kind Cont. CA-38 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/25/00 11/27/00	9.11 23.10 MEMO
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
Friends of Jane Harman PO Box 96 Torrance, CA 90507	In-Kind Cont. CA-36 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/25/00 11/27/00	9.11 23.10 MEMO
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
Christensen for Congress 431 Crescent Lombard, IL 60148	In-Kind Cont. IL-6 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/25/00 11/27/00	9.11 23.10 MEMO
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) . . . . . -0-.

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