SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full): New Hampshire Democratic State Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Democratic National Committee 430 South Capitol St., SE Washington, DC	transfer Disbursement for: Primary General Other (specify)	7/29/99	2,000.00
B. NH Democratic Party-Non Federal 43 Centre St. Concord, NH 03301	transfer Disbursement for: Primary General Other (specify)	12/16/99	250.00
C.	Disbursement for: Primary General Other (specify)		
D.	Disbursement for: Primary General Other (specify)		
E.	Disbursement for: Primary General Other (specify)		
F.	Disbursement for: Primary General Other (specify)		
G.	Disbursement for: Primary General Other (specify)		
H.	Disbursement for: Primary General Other (specify)		
I.	Disbursement for: Primary General Other (specify)		

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

TOTAL This Period (last page this line number only) 2,250.00

FEBAN094