SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

SOUTHERN COMPANY EMPLOYEES PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
B. Full Name, Mailing Address and ZIP Code LATOURETTE FOR CONGRESS COMMITTEE 1004 MILLRIDGE RD. HIGHLAND HTS. OH 44143	Purpose of Disbursement STEVE LATOURETTE U S HOUSE OH019 Disbursement for: [ ] Primary [00] General [ ] Other:	Date (month, day, year) MEMO REDESIGNATE FROM PRI TO 03/10/00	Amount of Each Disbursement this Period 1,000.00 GENERAL Original reported on April monthly report
C. Full Name, Mailing Address and ZIP Code BOB NEY FOR CONGRESS P.O. BOX 490 ST. CLAIRSVILLE, OH 43950	Purpose of Disbursement ROBERT NEY U S HOUSE OH018 Disbursement for: [ ] Primary [00] General [ ] Other:	Date (month, day, year) MEMO REDESIGNATE FROM PRI TO 03/08/00	Amount of Each Disbursement this Period 1,000.00 GENERAL Original reported on April monthly report
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			

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