SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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 STRAIT TALK AMERICA ATTN: CARLA EUDY 200 G. STREET, N.E., SUITE 300 WASHINGTON, DC 20002	Purpose of Disbursement FEDERAL POLITICAL ACTION CMTE DC Disbursement for: [ ] Primary [00] General [ ] Other:	Date (month, day, year) 06/23/00	Amount of Each Disbursement this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code WEST PAC WESTERN COALITION PAC 1155 21ST ST, NW, SUITE 300 WASHINGTON, DC 20036	Purpose of Disbursement FEDERAL POLITICAL ACTION CMTE DC Disbursement for: [ ] Primary [00] General [ ] Other:	Date (month, day, year) 06/23/00	Amount of Each Disbursement this Period 1,000.00
C. 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
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)			2,000.00

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