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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
GRUCCI FOR CONGRESS ATTN: FRANK FABER, TREASURER P.O. BOX 790 MEDFORD, NY 11763	FELIX GRUCCI U S HOUSE NY001 Disbursement for: 00 Primary ___ General ___ Other:	06/23/00	1,000.00
LAZIO 2000 INC. C/O PICCIRILLO & LAMONT 72 E. MAIN STREET, SUITE 4 BABYLON, NY 11702	RICK LAZIO U S SENATE NY Disbursement for: ___ Primary 00 General ___ Other:	06/23/00	4,000.00
LAZIO 2000 INC. C/O PICCIRILLO & LAMONT 72 E. MAIN STREET, SUITE 4 BABYLON, NY 11702	RICK LAZIO U S SENATE NY Disbursement for: ___ Primary 00 General ___ Other:	06/27/00	1,000.00
COMMITTEE TO RE-ELECT ED TOWNS 360 CLINTON AVENUE SUITE 6E BROOKLYN, NY 11238	RUDOLPHUS TOWNS U S HOUSE NY010 Disbursement for: 00 Primary ___ General ___ Other:	06/23/00	1,000.00
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
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
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
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
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) 7,000.00