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
A. ASHCROFT 2000 8229 CLAYTON ROAD SUITE 200 ST. LOUIS, MO 63117	JOHN ASHCROFT U S SENATE MO Disbursement for: [ ] Primary [X] General [ ] Other:	09/29/00	1,000.00
B.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:		
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:		

SUBTOTAL of Disbursements This Page (optional) 1,000.00

FORM 3101