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. ALASKANS FOR DON YOUNG P.O. BOX 100398 ANCHORAGE, AK 99510	DON YOUNG U S HOUSE AK-AL Disbursement for: [X] Primary [ ] General [ ] Other:	07/31/00	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

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