SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full): Congressman Bill Young Campaign Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. National Republican Congressional Committee 320 1st Street SE Washington, DC 20003	transfer of excess funds Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/25/00	20,000.00
B.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 20,000.00

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