SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29

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NAME OF COMMITTEE (In Full)
LABORERS LOCAL NO. 91 POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
THE MAYORAL COUNCIL

Mailing Address
115 FRONTENAC AVENUE

City: BUFFALO
State: NY
Zip Code: 14216

Purpose of Disbursement
DONATION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)

Date of Disbursement
02 08 2002

Amount of Each Disbursement this Period
350.00

Transaction ID: SB29.4406

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**350.00**
TOTAL This Period (last page this line number only) ..... ▶	**3350.00**