SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

MoveOr.org PAC

FEC ID No. C00341396

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
A. AboveNet (cont'd)	Disbursement for: X Primary ___ General ___ Other (specify)		
B. Regina Montoya Coggins FC 6333 E Mockingbird Dallas, TX 75214	Purpose of Disbursement: In-Kind Cont. TX-5 Disbursement for: ___ Primary X General ___ Other (specify)	6/7/00 6/30/00	1.39 31.28 MEMO
C.	Purpose of Disbursement Disbursement for: X Primary ___ General ___ Other (specify)		
D.	Purpose of Disbursement Disbursement for: X Primary ___ General ___ Other (specify)		
E.	Purpose of Disbursement Disbursement for: X Primary ___ General ___ Other (specify)		
F.	Purpose of Disbursement Disbursement for: X Primary ___ General ___ Other (specify)		MEMO
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)	-0-
TOTAL This Period (last page this line number only)	