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)
Maguire Group Inc. Employees Political Action Committee

A. Full Name, Mailing Address and ZIP Code Lincoln Chafee US Senate PO Box 7329, Warwick, RI 02887	Purpose of Disbursement Reception Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 5/17/00	Amount of Each Disbursement This Period $150.00
B. Full Name, Mailing Address and ZIP Code Office Exploratory Committee PO Box 7329 Warwick, RI 02887	Purpose of Disbursement Reception Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 4/19/00	Amount of Each Disbursement This Period 125.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$275.00
TOTAL This Period (last page this line number only)	275.00

FEBAN1-03