SCHEDULE B ITEMIZED DISBURSEMENTS

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

For Line Number 18

Transfers to Other Authorized Committees

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NAME OF COMMITTEE (In Full)
Lazio For Congress

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date(month day, year)	Amount of Each Disb. this period
National Republican Congressional Committee 320 First Street Washington, DC 20003	Transfer to Natl. Comm. Disb for: |X| Primary |..| General | | Other (specify)	08/24/98	25000.00

SUBTOTAL of Disbursements This Page (optional)——————> 25000.00

TOTAL This Period(last page this line number only)——> 25000.00