SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)
Idaho State Democratic Party - Federal Account

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Missouri Democratic Coord. Camp P. O. Box 663 Jefferson City, MO 65102	Transfer Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/20/98	20,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Democratic National Committee 430 S. Capitol St. S.E. Washington, D. C. 20003	Transfer Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/30/98 10/30/98	50,000.00 13,320.00
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)	
TOTAL This Period (last page this line number only)	83,320.00

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