SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER Z3

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NAME OF COMMITTEE (In Full)
TECO Energy, Inc. Employees Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Nelson Campaign 916 N. Gadsden Street Tallahassee, FL 32303	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/24/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Florida 2000 P.O. Box 10962 Tallahassee, FL 32302	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/24/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Americans for Sound Energy Policy Political Action Committee 300 North Lee Street, Suite 500 Alexandria, VA 22314	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/28/00	$2,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Allen Boyd Campaign Route 2, Box 13 Monticello, FL 32344	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Davis Campaign P.O. Box 18143 Tampa, FL 33679-8143	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/00	$500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bill McCollum Campaign 605 E. Robinson Street, Suite 650 Orlando, FL 32801	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$6,500.00
TOTAL This Period (last page this line number only)	$6,500.00

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