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)
Koch Industries, Inc Political Action Committee (KOCHPAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Georgians for Isakson PO Box 71955 Marietta, GA 30007-1955	Johnny Isakson, U.S. HOUSE 6th GA Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1999 Georgia Special General	01/08/99	1,000.00
B. The Washington Fund P.O. Box 40110 Bellevue, WA 98015	The Washington Fund Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	01/08/99	1,000.00
C. Lieberman for Senate Committee 1 State Street Suite 1420 Hartford, CT 06103	Joseph I. Lieberman, U.S. SENATE CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/21/99	2,000.00
D. Kolbe '98 P.O. Box 31568 Tuscon, AZ 85751	Jim Kolbe, U.S. HOUSE 5th AZ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/21/99	1,000.00
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)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00

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