



**SCHEDULE B ITEMIZED DISBURSEMENTS**

CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER PACS

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

PAGE

OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in full)

ADVO. INC. Political Action Committee, aka ADVOPAC

| TOTAL This Period (last page this line number only) | SUBTOTAL of Disbursements This Page (optional) |  |
|---|--|--|
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | A. Full Name, Mailing Address and ZIP Code<br>Kennedy for Congress<br>P.O. Box 3719 Central Station<br>Hartford, CT 06103<br>Purpose of Disbursement<br>Contrib. to Barbara Kennedy,<br>House Cand., CT<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)                   |
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | B. Full Name, Mailing Address and ZIP Code<br>Democratic Congressional Dinner Committee<br>430 South Capitol Street, S.E.<br>Washington, D.C. 20003<br>Purpose of Disbursement<br>Contrib. to Democratic Congressional Dinner<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)        |
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | C. Full Name, Mailing Address and ZIP Code<br>Lieberman '94 Committee<br>2434 Berlin Turnpike<br>Newington, CT 06111<br>Purpose of Disbursement<br>Contrib. to Joseph Lieberman,<br>Senate Cand., CT<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)                      |
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | D. Full Name, Mailing Address and ZIP Code<br>Friends of John Glenn<br>7623 Pullerton Road<br>Springfield, VA 22153<br>Purpose of Disbursement<br>Contrib. to John Glenn,<br>Senate Cand., OH<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)                             |
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | E. Full Name, Mailing Address and ZIP Code<br>Friends of John Glenn<br>7623 Pullerton Road<br>Springfield, VA 22153<br>Purpose of Disbursement<br>Contrib. to John Glenn,<br>Senate Cand., OH<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)                             |
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | F. Full Name, Mailing Address and ZIP Code<br>Committee to Reelect Tom Foley<br>555 New Jersey Avenue NW<br>Washington, D.C. 20001<br>Purpose of Disbursement<br>Contrib. to Tom Foley,<br>House Cand., WA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)                |
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | G. Full Name, Mailing Address and ZIP Code<br>Kerry for U.S. Senate<br>245 2nd St. NE, Ste. 300<br>Washington, D.C. 20002<br>Purpose of Disbursement<br>Contrib. to Bob Kerry,<br>Senate Cand., NH<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)                        |
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | H. Full Name, Mailing Address and ZIP Code<br>Friends of Robert Byrd Committee<br>Suite 700, 1211 Connecticut Avenue<br>Washington, D.C. 20036<br>Purpose of Disbursement<br>Contrib. to Robert Byrd,<br>Senate Cand., WV<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Amount of Each Disbursement This Period             | Date (month, day, year)                        | I. Full Name, Mailing Address and ZIP Code   |

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9-13-94

JMH

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