SCHEDULE B — ITEMIZED DISBURSEMENTS

OTHER DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

RE-ELECT EXON FOR U.S. SENATE COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code NELSON FOR SENATE 1915 N. 121ST ST. OMAHA, NE. 68154	CONTRIBUTION Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/6/00	250.00
B. Full Name, Mailing Address and ZIP Code REYNOLDS FOR CONGRESS 410 S. WEBB RD. GRAND ISLAND, NE. 68803	CONTRIBUTION Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/6/00	250.00
C. Full Name, Mailing Address and ZIP Code KIEL FOR CONGRESS 1303 S. 119TH ST. OMAHA, NE. 68144	CONTRIBUTION Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/6/00	250.00
D. Full Name, Mailing Address and ZIP Code JACOBSEN FOR CONGRESS 720 S. 16TH ST. SUITE 202 LINCOLN, NE. 68508	CONTRIBUTION Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	7/6/00	250.00
E. Full Name, Mailing Address and ZIP Code DNC FEDERAL VICTORY FUND 104 GIBBON ST. ALEXANDRIA, VA. 22314	CONTRIBUTION Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/00	1,000.00
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) 2,000.00

TOTAL This Period (last page this line number only) 2,000.00