SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Evergreen Fund

A. Full Name, Mailing Address and ZIP Code Friends of Lois Capps P.O. Box 23940 Santa Barbara, CA 93121	Purpose of Disbursement Contribution (CA-22) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/29/99	Amount of Each Disbursement this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 1325 East Main Street, Suite 12 Waterbury, CT 06705	Name of Employer Contribution (CT-5) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/29/99	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Baesler for Congress P.O. Box 1807 Lexington, KY 40588	Name of Employer Contribution (KY-6) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/29/99	Amount of Each Disbursement this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Nancy Keenan for Montana P.O. Box 9249 Helena, MT 59604	Name of Employer Contribution (MT-AL) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/29/99	Amount of Each Disbursement this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Mike Taylor for Congress P.O. Box 3323 Concord, NC 28025	Name of Employer Contribution (NC-8) Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 2000	Date (month, day, year) 12/29/99	Amount of Each Disbursement this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Loy Sneary for Congress P.O. Box 187 Bay City, TX 77404	Name of Employer Contribution (TX-14) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/29/99	Amount of Each Disbursement this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60679	Name of Employer Credit Card Payment (See Below) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/29/99	Amount of Each Disbursement this Period 312.50
H. Full Name, Mailing Address and ZIP Code Carroll Travel 201 Massachusetts Avenue, NE Washington, DC 20002	Name of Employer In-Kind Travel to John Tierney (MA-6) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/29/99	Amount of Each Disbursement this Period 312.50 Memo
I. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional)	6,312.50
TOTAL This Period (last page this line number only)	6,312.50

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