

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)

OMNOVA Solutions Political Action Committee (OPac)

A. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
HOLDEN, TIM 729 15TH STREET NW 3RD FLOOR WASHINGTON, DC 20005	D - PA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	03/24/2000	\$1,000.00
B. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
H. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
I. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts this Page (optional)

1,000.00

TOTAL This Period (Last page this line number only)

1,500.00