SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 13 FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
BOB NEY FOR CONGRESS

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LATOURETTE FOR CONGRESS COMMITTEE 1004 MILLRIDGE RD HIGHLAND HTS OH 44143	(House - OH - 19) FEDERAL CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	01/25/2000	250.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	250.00