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)

CHARTER COMMUNICATIONS, INC. PAC

A. Full Name, Mailing Address and ZIP Code FRIENDS OF JOE BACA 555 CAPITOL MALL, SUITE 1425 SACRAMENTO, CA 95814	Purpose of Disbursement JOE BACA U S HOUSE CA042 Disbursement for: [ ] Primary [00] General [ ] Other:	Date (month, day, year) 10/18/00	Amount of Each Disbursement this Period 500.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF LOIS CAPPS 1724 SANTA BARBARA STREET SANTA BARBARA, CA 93101	Purpose of Disbursement LOIS CAPPS U S HOUSE CA022 Disbursement for: [ ] Primary [00] General [ ] Other:	Date (month, day, year) 10/18/00	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code DOOLEY FOR CONGRESS P.O. BOX 1367 VISALIA, CA 93279	Purpose of Disbursement CALVIN DOOLEY U S HOUSE CA020 Disbursement for: [ ] Primary [00] General [ ] Other:	Date (month, day, year) 10/18/00	Amount of Each Disbursement this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code SOLIS FOR CONGRESS 14615 HUTCHCROFT STREET LA PUENTE, CA 91744	Purpose of Disbursement HILDA SOLIS U S HOUSE CA031 Disbursement for: [ ] Primary [00] General [ ] Other:	Date (month, day, year) 10/18/00	Amount of Each Disbursement this Period 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			3,000.00

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