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

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FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Blue Dog Political Action Committee

A. Full Name, Mailing Address and Zip Code ORTON FOR CONGRESS P.O. Box 1997 Provo, UT 84603	Purpose of Disbursement Bill Orton, U.S. HOUSE 3rd UT Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 09/27/96	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Bishop for Congress P.O. Box 6020 Albany, GA 31706	Purpose of Disbursement Sanford D. Bishop, U.S. HOUSE 2nd GA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 09/27/96	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	2,000.00
TOTAL this Period (Last page this line number only) ..... >	2,000.00