SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	35 / 35 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
MIDWEST REGION LABORERS' POLITICAL LEAGUE

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR HARKIN P O BOX 811 DES MOINES IA 50304	contribution (Senate - IA - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	12/28/2000	2500.00
CITIZENS FOR HARKIN P O BOX 811 DES MOINES IA 50304	contribution (Senate - IA - 00) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	12/28/2000	2500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**5000.00**