SCHEDULE B

# ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
Carrie Meek For Congress

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Corrine Brown Campaign 3109 River Bend Ct #D102 Laurel, Maryland 20724 | Contribution-Federal FL-3 / Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 10/14/98 | $ 500.00 |
| B. Leonard Boswell Campaign R.R. 1, Box 130 Davis City, Iowa 50065 | Contribution-Federal Iowa-3 / Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 10/14/98 | $ 300.00 |
| C. Campaign for Connecticut's Families 912 Silas Deane Highway Wethersfield, CT 06109 | Contribution non-federal / Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 10/14/98 | $ 500.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement 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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement 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 Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) ..... $ 1,300.00

TOTAL This Period (last page this line number only) ..... $ 5,600.00

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