

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Friends of Newt Gingrich

Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Dorman for Congress P.O. Box 3800 Garden Grove, CA 92675	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/04/97	\$1000.00
Fossella for Congress 1270 Clove Road Staten Island, NY 10301-	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/04/97	\$1000.00
Fossella for Congress 1270 Clove Road Staten Island, NY 10301-	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/97	\$1000.00
Smith for Congress Post Office Box 20142 Lansing, MI 48901-	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/97	\$2000.00
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	\$5000.00
TOTAL This Period (last page this line number only)	\$5000.00