

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
23

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NAME OF COMMITTEE (In Full)
BOISE CASCADE POLITICAL FUND

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OBERSTAR, JAMES L 317 NW 9TH CHISHOLM MN 55719	(House - MN - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/10/2000	500.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

500.00