

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE / OF	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b	<input type="checkbox"/> 30c	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33

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NAME OF COMMITTEE (in Full)
Black & Veatch Good Government Fund

A. Moore for Congress

Full Name (Last, First, Middle Initial): **Moore for Congress**

Date of Disbursement: **08/13/2002**

Mailing Address: **P.O. Box 14631**

City: **Shawnee, Missouri, KS 66285**

Amount of Each Disbursement this Period: **100000**

Purpose of Disbursement: **Campaign Contribution** Category/Type: **OLL**

Candidate Name: **JENNIS MOORE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B. Missouri Senate 2002

Full Name (Last, First, Middle Initial): **Missouri Senate 2002**

Date of Disbursement: **08/13/2002**

Mailing Address: **P.O. Box 56550**

City: **St. Louis, MO 63156**

Amount of Each Disbursement this Period: **100000**

Purpose of Disbursement: **Campaign Contribution** Category/Type: **OLL**

Candidate Name: **TEAH CORNHAN**

Office Sought: Senate House President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C. Taff for Congress

Full Name (Last, First, Middle Initial): **Taff for Congress**

Date of Disbursement: **08/13/2002**

Mailing Address: **P.O. Box 14455**

City: **Shawnee, Missouri, KS 66285**

Amount of Each Disbursement this Period: **100000**

Purpose of Disbursement: **Campaign Contribution** Category/Type: **OLL**

Candidate Name: **ADAM TAFF**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) **300000**

TOTAL This Period (last page this line number only) **300000**