

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 21

**Other Disbursements**

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NAME OF COMMITTEE (In Full)		C00316596	
<b>A. Full Name, Mailing Address and ZIP Code</b> American Cancer Society Street Required Crowley LA 70527	<b>Purpose of Disbursement</b> nonfederal Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 8/17/2000	<b>Amount of Each Disbursement this Period</b> \$50.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Boys And Girls Club 301 Veterans Memorial Blvd. Abbeville LA 70510	<b>Purpose of Disbursement</b> nonfederal Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 8/24/2000	<b>Amount of Each Disbursement this Period</b> \$800.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Cerebral Palsy Of La 2380 Barataria Blvd Ste 5 Metairie LA 70002	<b>Purpose of Disbursement</b> nonfederal Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 7/6/2000	<b>Amount of Each Disbursement this Period</b> \$50.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Christ Of King Church 4849 Hwy 35B Opelousas LA 70570	<b>Purpose of Disbursement</b> nonfederal Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 8/31/2000	<b>Amount of Each Disbursement this Period</b> \$150.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Crowley Fire Dept. MDA 104 W Hutchinson Crowley LA 70526	<b>Purpose of Disbursement</b> nonfederal Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 8/17/2000	<b>Amount of Each Disbursement this Period</b> \$100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Crowley HS Athletic Dept 263 Hensgens Road Crowley LA 70526	<b>Purpose of Disbursement</b> nonfederal Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 7/17/2000	<b>Amount of Each Disbursement this Period</b> \$100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Crowley Recreation Dept. 717 W Mill St. Crowley LA 70526	<b>Purpose of Disbursement</b> nonfederal Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 7/17/2000	<b>Amount of Each Disbursement this Period</b> \$15.00
<b>H. Full Name, Mailing Address and ZIP Code</b> DCCC 430 South ST Washington DC 20003	<b>Purpose of Disbursement</b> excess campaign funds Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 9/8/2000	<b>Amount of Each Disbursement this Period</b> \$25,000.00
<b>I. Full Name, Mailing Address and ZIP Code</b> DCCC 430 South ST Washington DC 20003	<b>Purpose of Disbursement</b> excess campaign funds Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 9/8/2000	<b>Amount of Each Disbursement this Period</b> \$1,500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$27,765.00
<b>TOTAL</b> This Period (last page this line number only) .....	