

SCHEDULE B		ITEMIZED DISBURSEMENTS		3 / 3
		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) Mine Safety Appliances Company				
Full Name, Mailing Address, and ZIP Code		Purpose of Disbursement		Date (month, day, year)
Mr. John Murtha		Contribution		06/21/2000
P. O. Box 1091		(House - PA - 12)		Amount of Each Disbursement This Period 100.00
Johnstown PA 15907		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
		<input type="checkbox"/> Other (specify) :		
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				100.00