

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

7-1-97 through 12-31-97

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

PAGE      OF       
FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

Wawa Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Food Council Committee 30 W. Lafayette St. Trenton, NJ	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8-4-97	4,000.00
B. Full Name, Mailing Address and ZIP Code  NACS PAC , 1605 King St., Alexandria, VA	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8-15-97	900.00
C. Full Name, Mailing Address and ZIP Code  Santorum 2000, 211 Locust St., Suite 100, Phila., PA	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9-20-97	2,500.00
D. Full Name, Mailing Address and ZIP Code  Friends of Governor Tom Ridge P.O. Box 11667, Harrisburg, PA	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10-9-97	1,000.00
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year):	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year):	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year):	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year):	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year):	Amount of Each Disbursement This Period

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

8,400.00

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

8,400.00