

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 2

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NAME OF COMMITTEE (in Full)

Tom Coburn for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>Andy Ewing for Congress P.O. Box 1964 Muskogee, OK 74402</u>	<u>Donation - Debt</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/10/2000</u>	<u>1,000.00</u>
<u>Hoosiers for Steve Buyer P.O. Box 712 Monticello, IN 47960</u>	<u>Donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/10/2000</u>	<u>1,000.00</u>
<u>Andy Ewing for Congress P.O. Box 1964 Muskogee, OK 74402</u>	<u>Donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/11/2000</u>	<u>1,000.00</u>
<u>Anderson for Senate 504 S. David Lane Muskogee, OK 74403</u>	<u>Donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/27/2000</u>	<u>500.00</u>
<u>CAT PAC 400 CAPITOL MALL, SUITE 1560 SACRAMENTO, CA 95814</u>	<u>Donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/27/2000</u>	<u>5,000.00</u>
<u>Johnny Grant for Senate</u>	<u>Donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/27/2000</u>	<u>1,000.00</u>
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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	Purpose of Disbursement 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	Purpose of Disbursement 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)

9,500.00

TOTAL This Period (last page this line number only)

51,300.00