SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

HOOSIERS ELECTRONICS CORPORATION FUND -- FEDERAL

Full name, Mailing Address and ZIP code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. DOOLEY FOR CONGRESS 300 N. LEE ST., STE. 500 ALEXANDRIA, VA 22314	CAL DOOLEY US HOUSE; STATE: CA; DIST. 20 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/09/2000	$1,000.00
B. HOOSIERS SUPPORTING BUYER FOR CONGRESS P.O. BOX 712 MONTICELLO, IN 47960	STEVE BUYER US HOUSE; STATE: IN; DIST. 5 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/09/2000	$1,000.00
C. LUTHER FOR CONGRESS VOLUNTEER COMMITTEE 1299 GENEVA AVE., N. STE. 202 OAKDALE, MN 55128	BILL LUTHER US HOUSE; STATE: MN; DIST. 6 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/09/2000	$1,000.00
D. RELY ON YOUR BELIEFS (ROYB PAC) P.O. BOX 5412 ARLINGTON, VA 22205	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/09/2000	$1,000.00
E. TOM DELAY CONGRESSIONAL COMMITTEE 10107 CORPORATE DR., STE. 130 STAFFORD, TX 77477	Purpose of Disbursement TOM DELAY US HOUSE; STATE: TX; DIST. 22 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/10/2000	$1,000.00
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00