

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Sanders for Congress 2000

Full Name (Last, First, Middle Initial) A. Friends of Corinne Brown		Date of Disbursement 11 / 01 / 2002
Mailing Address 3109 River Bend Court, D-12 City: Laurel State: MD Zip Code: 20724		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement campaign contribution		Category/ Type
Candidate Name Sanders for Congress 2000		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35284
State: FL District: 00		

Full Name (Last, First, Middle Initial) B. Herseth for Congress		Date of Disbursement 11 / 02 / 2002
Mailing Address PO Box 85352 City: Sioux Falls State: SD Zip Code: 57118		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement campaign contribution		Category/ Type
Candidate Name Herseth for Congress		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35188
State: SD District:		

Full Name (Last, First, Middle Initial) C. Jill Long Thompson Committee		Date of Disbursement 11 / 01 / 2002
Mailing Address PO Box 153 City: So. Bend State: IN Zip Code: 46624		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement campaign contribution		Category/ Type
Candidate Name Jill Long Thompson Committee		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35188
State: IN District:		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	