

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER  
**20a**

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**NAME OF COMMITTEE (In Full)**

**Friends of Giuliani Exploratory Committee**

<b>A. Full Name, Mailing Address and Zip Code</b> Joan Forman  303 East 57th Street Apt. 40F New York, NY 10022	<b>Purpose of Disbursement</b> contribution refund  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 06/30/2000	<b>Amount of Each Disbursement This Period</b> \$1000.00
<b>B. Full Name, Mailing Address and Zip Code</b> Joan Forman  303 East 57th Street Apt. 40F New York, NY 10022	<b>Purpose of Disbursement</b> contribution refund  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 04/24/2000	<b>Amount of Each Disbursement This Period</b> \$250.00
<b>C. Full Name, Mailing Address and Zip Code</b> Norman Fornella  1 Kroner Farm Court Upper Saddle River, NJ 07458	<b>Purpose of Disbursement</b> contribution refund  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 06/30/2000	<b>Amount of Each Disbursement This Period</b> \$1000.00
<b>D. Full Name, Mailing Address and Zip Code</b> Nicholas Forstmann  1030 Fifth Avenue New York, NY 10028	<b>Purpose of Disbursement</b> contribution refund  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 06/30/2000	<b>Amount of Each Disbursement This Period</b> \$1000.00
<b>E. Full Name, Mailing Address and Zip Code</b> Theodore Forstmann  767 Fifth Avenue New York, NY 10153-	<b>Purpose of Disbursement</b> contribution refund  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 06/30/2000	<b>Amount of Each Disbursement This Period</b> \$1000.00
<b>F. Full Name, Mailing Address and Zip Code</b> Sarah Forsyth  36 Woodbury Way Fairport, NY 14450-	<b>Purpose of Disbursement</b> contribution refund  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 06/30/2000	<b>Amount of Each Disbursement This Period</b> \$750.00
<b>G. Full Name, Mailing Address and Zip Code</b> Richard Fortmann  50 East 89th Street Apt. 9D New York, NY 10128	<b>Purpose of Disbursement</b> contribution refund  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b> 06/30/2000	<b>Amount of Each Disbursement This Period</b> \$1000.00

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

**\$6000.00**

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