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|--|---|---|---|
| <b>SCHEDULE B</b>  | <b>ITEMIZED DISBURSEMENTS</b>   | Use separate schedule(s) for each category of the Detailed Summary Page | 3 / 3   |
|  |   |   | FOR LINE NUMBER<br>23                             |
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| <b>NAME OF COMMITTEE (In Full)</b><br><b>COMMUNITY BANKERS ASSN OF NYS POLITICAL ACTION CMTE</b>   |   |   |   |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Friends of John LaFalce<br><br>6950 South Transit Road, PO Box 51<br><br>Lockport NY 14095-0514   | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | Date (month, day, year)<br>10/10/2000                                   | Amount of Each Disbursement This Period<br>500.00 |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Kelly for Congress<br><br>7 Damson Street<br><br>Garden City NY 11530   | Purpose of Disbursement<br><br><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | Date (month, day, year)<br>10/10/2000                                   | Amount of Each Disbursement This Period<br>250.00 |
|  |   |   |   |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....   |   |   |   |
| <b>TOTALS</b> This Period (last page this line number only) .....  |   |   | 750.00  |