

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Wackerhut Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Ensign For Senate 9904 Glenrock Dr. Las Vegas, NV 89134</i>	<i>Senate election</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/23/99</i>	<i>1,000.00</i>
<i>Friends of Mark Foley For Congress P.O. Box 30505 Palm Beach Gardens, FL 33420</i>	<i>Reelection</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/23/99</i>	<i>2,000.00</i>
<i>Tom Gallagher For U.S. Senate 610 South Blvd. Suite 100 Tampa, FL 33606</i>	<i>Reelection</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/23/99</i>	<i>500.00</i>
<i>Carrie Meek For Congress P.O. Box 91-6012 Miami, FL 33101</i>	<i>Reelection</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/24/99</i>	<i>1,000.00</i>
<i>E. Full Name, Mailing Address and ZIP Code</i>	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>F. Full Name, Mailing Address and ZIP Code</i>	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>G. Full Name, Mailing Address and ZIP Code</i>	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>H. Full Name, Mailing Address and ZIP Code</i>	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>I. Full Name, Mailing Address and ZIP Code</i>	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)

TOTAL This Period (last page this line number only)

4,500.00