

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 20
			FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) General American Life Associates Federal Polit			
Full Name, Mailing Address, and ZIP Code Camahan for Senate Committee P.O. Box 4706 St. Louis MO 63106	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/04/1998	Amount of Each Disbursement This Period 5000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			5000.00