

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full) NATIONAL COURT REPORTERS ASSOCIATION
POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANDREWS FOR CONGRESS P.O. BOX 295 OAKLYN, NJ 08107	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/03/99	500.00
B. Full Name, Mailing Address and ZIP Code COBLE FOR CONGRESS 4451 BROOKFIELD CORP. DR., #200 CHANTILLY, VA 20151	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/99	1,000.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF DICK DURBIN P.O. BOX 75214 WASHINGTON, DC 20013	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/99	1,000.00
D. Full Name, Mailing Address and ZIP Code GALLEGLY FOR CONGRESS CMTEE. P.O. BOX 840001 SIMI VALLEY, CA 93094	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/99	500.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF SUSAN BITTER SMITH 5806 E. LEWIS AVENUE SCOTTSDALE, AZ 85257	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/99	500.00
F. Full Name, Mailing Address and ZIP Code SENSENBRENNER COMMITTEE P.O. BOX 575 BROOKFIELD, WI 53008	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/99	500.00
G. Full Name, Mailing Address and ZIP Code BARR FOR CONGRESS P.O. BOX 4323 MARIETTA, GA 30061	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/99	500.00
H. Full Name, Mailing Address and ZIP Code	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. Full Name, Mailing Address and ZIP Code	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)

4,500.00

TOTAL This Period (last page this line number only)

4,500.00

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