

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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NAME OF COMMITTEE (in Full) **FEDERAL ELECTIONS ACCOUNT**
CLINTON TOWNSHIP DEMOCRATIC CLUB

A. Full Name (Last, First, Middle Initial) **JULIA CARSON FOR CONGRESS**
 Mailing Address **NORTH CAPITOL ST #311**
740 MARKET SQUARE CTR
 City **INDIANAPOLIS** State **IN** Zip Code **46204**
 Purpose of Disbursement **CONTRIBUTION** Category/Type **011**
 Candidate Name **JULIA CARSON**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State: **IN** District: **10**

Date of Disbursement **11 03 2000**
 Amount of Each Disbursement this Period **100000**

B. Full Name (Last, First, Middle Initial) **NEILL FOR CONGRESS COMM.**
 Mailing Address **PO BOX 2088**
 City **HENDERSON** State **NC** Zip Code **28793**
 Purpose of Disbursement **CONTRIBUTION** Category/Type **011**
 Candidate Name **SAM NEILL**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State: **NC** District: **11**

Date of Disbursement **11 03 2000**
 Amount of Each Disbursement this Period **100000**

C. Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____ Category/Type _____
 Candidate Name _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State: _____ District: _____

Date of Disbursement _____
 Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements This Page (optional) _____
 TOTAL This Period (last page the line number only) **500000**