

SCHEDULE B

ITEMIZED DISBURSEMENTS

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1	1
FOR LINE NUMBER	
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Any information copied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Lynn Rivers for Congress Committee 000291211

A. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disk/in-kind contribution to Emily	Date (month, day, year) 10/3/97	Amount of Each Disbursement this Period \$58.56
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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
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)	
TOTAL This Period (last page this line number only)	