

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)

Cigar Political Action Committee

A. Full Name, Mailing Address and ZIP Code
James O. Davis
327 CHOB
Washington, D.C. 20515-0911

Purpose of Disbursement
contribution
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
1/31/97

Amount of Each Disbursement This Period
\$500

B. Full Name, Mailing Address and ZIP Code
Scotty Baesler
2463 RHOB
Washington, D.C. 20515-1706

Purpose of Disbursement
contribution
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
5/20/97

Amount of Each Disbursement This Period
\$500

C. Full Name, Mailing Address and ZIP Code
NY State Republican Party
315 State Street
Albany, NY 12210

Purpose of Disbursement
contribution
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
6/9/97

Amount of Each Disbursement This Period
\$500

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$1,500.00

TOTAL This Period (last page this line number only)