

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 3</b>
			FOR LINE NUMBER <b>23</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Mine Safety Appliances Company</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> PHIL ENGLISH  530 WEST SIXTH STREET  ERIE PA 16507	<b>Purpose of Disbursement</b> Contribution  (House - PA - 21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/26/2000	<b>Amount of Each Disbursement This Period</b> 250.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>250.00</b>