

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	33 / 82
			FOR LINE NUMBER 22
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NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF NEW MEXICO			
Full Name, Mailing Address, and ZIP Code DSCC 430 South Capitol SE Washington DC 20003	Purpose of Disbursement Transfer to Affiliated Party Comm. <hr/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 10000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			10000.00