

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other (Non-Federal) Disbursements

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NAME OF COMMITTEE (in Full)
Friends of Carol Miller/Carol Miller for CoC00333187

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
Anderson for Congress 131 Harvard SE #2 Albuquerque, NM 87108	Donation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	06-16-98	\$200.00
	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
B. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
	Purpose of Disbursement		
C. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
	Purpose of Disbursement		
D. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
	Purpose of Disbursement		
E. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
	Purpose of Disbursement		
F. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
	Purpose of Disbursement		
G. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
	Purpose of Disbursement		
H. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
	Purpose of Disbursement		
I. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
	Purpose of Disbursement		

SUBTOTAL of Disbursements This Page (optional)	>	\$200.00
TOTAL This Period (last page this line number only)	>	\$200.00