SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
Bob Filner for Congress (C00261388)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Sanchez Recount Fund P.O. Box 2884 Washington, DC 20013	Campaign Contrib. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/3/97	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of Lois Capps P.O. Box 23940 Santa Barbara, CA 93121	Campaign Contrib. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/1/97	1000.00
C. Full Name, Mailing Address and ZIP Code Rapoport for the 1st 38 Woodland Street Hartfort, CT 06105	Campaign Contrib. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/28/97	1000.00
D. Full Name, Mailing Address and ZIP Code Christine Kehoe for Congress 450 A Street, 2nd Floor San Diego, CA 92101	Campaign Contrib. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/8/97	1000.00
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)	4,000.00
TOTAL This Period (last page this line number only)	4,000.00