SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
Friends of John Conyers

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps 1724 Santa Barbara Street Santa Barbara, CA 93101-	CA-22 Special General Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Other	01/09/98	$500.00
Friends of Lois Capps 1724 Santa Barbara Street Santa Barbara, CA 93101-	CA-22 Special Run-off Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Other	03/06/98	$1000.00
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SUBTOTAL of Disbursements This Page (optional)	$1500.00
TOTAL This Period (last page this line number only)	$1500.00