SCHEDULE B ITEMIZED DISBURSEMENTS

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

For Line Number 23

Operating Expenditures

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NAME OF COMMITTEE (In Full)
New York State Democratic Committee

Full Name, Mailing Address & Zip Code	Purpose of Disbursement	Date(month day, year)	Amount of Each Receipt this period
Friends of Lois Capps 25 West Anapamu Santa Barbara, CA 93101	Contribution Disb for: | | Primary | | General |X| Other (specify) Special Run-off CA-22	03/06/96	$5,000.00

SUBTOTAL of Receipts This Page (optional)----------> 5000.00

TOTAL This Period(last page this line number only)----> 5000.00