SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONGRESSIONAL AGENDA

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Lois Capps 15 W. Micheltorena St. Santa Barbara, CA 93101	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/5	250
B. Moore for Congress Box 944 81 Shawnee Mission KS 66285	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/5	250
C.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 500

TOTAL This Period (last page this line number only) 5000

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