SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

DAIMLERCHRYSLER CORP. POLITICAL SUPPORT CMTE

A. Full Name, Mailing Address and ZIP Code FRIENDS OF LOIS CAPPS 38 IVY STREET, SE WASHINGTON, DC 20003	Purpose of Disbursement LOIS CAPPS U S CONGRESS CA022 Disbursement for: 00 Primary ___ General ___ Other:	Date (month, day, year) 10/07/99	Amount of Each Disbursement this Period 500.00
B. Full Name, Mailing Address and ZIP Code CHRISTOPHER COX CONGRESSIONAL COMMITTEE P.O. BOX 3088 NEW PORT BEACH, CA 92660	Purpose of Disbursement CHRISTOPHER COX U S CONGRESS CA047 Disbursement for: 00 Primary ___ General ___ Other:	Date (month, day, year) 10/20/99	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,500.00