SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	28 / 30 FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
Boswell for Congress Committee

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps PO Box 23940 Santa Barbara CA 93121	(House - CA - 22) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	01/02/1998	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps PO Box 23940 Santa Barbara CA 93121	(House - CA - 22) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	01/29/1998	500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1000.00