SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

DIXON DEMOCRAT FOR CONGRESS COMMITTEE FEC ID No. C 00088666

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Lois Capps 25 W Anapamu Santa Barbara, CA 93121	Contribution Disbursement for: X Primary ___ General ___ Other (specify)	2-3-98	1000.00
B. Jones for Congress 3729 Selsby Cleveland, OH 44118	Contribution Disbursement for: X Primary ___ General ___ Other (specify)	3-10-98	1000.00
C. ADL-Children of the Dream 10495 Santa Monica Blvd Los Angeles, CA 90025	Contribution Disbursement for: X Primary ___ General ___ Other (specify)	2-3-98	250.00
D. Barbara Lee for Congress P O Box 29164 Oakland, CA 94604	Contribution Disbursement for: X Primary ___ General ___ Other (specify)	3-13-98	1000.00
E. Bill Baker for Sheriff 3415 So. Sepulveda Bl Los Angeles, CA 90034	Purpose of Disbursement Disbursement for: X Primary ___ General ___ Other (specify)	3-17-98	1000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	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 (specify)	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 (specify)	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 (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	4250.00