SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 13 FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
Volunteers For Vento

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends Of Lois Capps 25 Anapamu W. Santa Barbara CA 93101	(House - CA - 22) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	02/26/1998	500.00
Full Name, Mailing Address, and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends Of Lane Evans Committee P.O. Box 5263 Rock Island IL 61201	(House - IL - 17) Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/27/1998	500.00

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