SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Florida Citrus Mutual Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alcee Hastings for Congress PO Box 2844 Washington DC 20013	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/27/99	$ 500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Clay Shaw 4451 Brookfield Corporate Dr., Suite 200 Chantilly Virginia 20151	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/28/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Combest Congressional Committee 400 First Street SE Washington DC	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/4/99	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Gordon Smith for Senate 834 SW St. Clair Ave., Suite 206 Portland Oregon 97205	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/2/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Boyd for Congress 107 Cannon House Office Bldg. Washington DC 20515-0902	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/13/99	2,500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Adam Putnam for Congress 402 S. Monroe St. House Office Bldg. Room 204 Tallahassee FL 32399-1300	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/30/99	1,500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Clay Shaw 4451 Brookfield Corporate Dr., Suite 200 Chantilly Virginia 20151	LOST CHECK Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/99	(1,000.00)
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 6,000.00

FEBAhr121