SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Disbursements

Use separate schedule(s) 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)

BARRETT FOR CONGRESS

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Elect L. Sanchez 444 S. Occidental Blvd. #421 Los Angeles, CA 90057	(contribution) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/11/97	$ 500.00
B. State Democratic Party 222 State St. #400 Madison, WI 53703	(contribution) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/11/97	1000.00
C. Friends of Lois Capps P.O. Box 23940 Santa Barbara CA 93121	(contribution) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/25/97	1000.00
D. Democratic Congressional Campaign Cmte 430 S. Capitol St. Washington DC 20003	Purpose of Disbursement in-kind for fundraising expenses - phone, rent, photocopies Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/31/97	313.18 (MEMO) (in-kind)
E. actually paid to Germania LLC Ameritech (phone) + internal charges	Purpose of Disbursement (rent) + (utilities) Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. already included in Operating Expenditures	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) ..... $ 2,500.00

TOTAL This Period (last page this line number only) ..... $ 2,500.00

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