SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Distilled Spirits Council Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reynolds for Congress P.O. Box 141	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-29-98	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Molly Bordonaro for Congress 5319 SW Westgate Drive, Suite 22 Portland, OR 97221	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-29-98	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ryan for Congress P.O. Box 1919 Janesville, WI 53547-1919	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-29-98	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Thompson for Congress Committee P.O. Box 1998 St. Helena, CA 94574	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-30-98	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Asa Hutchinson	In-kind Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-8-98	1,500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Evan Bayhe Committee	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-21-98	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Northup for Congress	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-21-98	500.00
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) 5,000.00

TOTAL This Period (last page this line number only) 5,000.00

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