SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
California Dental Political Action Committee/Federal

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Barbara Boxer 2107 Van Ness #206 San Francisco, CA 94109 ID #C00279315	Contribution	7/24/98	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Condit for Congress P.O. Box 1710 Modesto, CA 95353 ID #C00247544	Contribution	8/13/98	2,500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Doug Ose for Congress P.O. Box 41649 Sacramento, CA ID #C00333294	Contribution	8/26/98	4,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Thompson for Congress P.O. Box 1998 St. Helena, CA ID #C00326363	Contribution	9/17/98 9/18/98	2,500.00 525.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary [X] General [ ] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Kuykendall Congressional Committee 1379 Park Western Dr. #300 San Pedro, CA 90732 ID #C00333575	Contribution	9/17/98	500.00
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) .....

TOTAL This Period (last page this line number only) 10,525.00

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