

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 18

**Transfer to Other Committee**

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NAME OF COMMITTEE (If PAC)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.C.C.C. 430 S Capitol St Washington DC 20003	transfer excess funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/06/99	\$10000.00
D.C.C.C. 430 S Capitol St Washington DC 20003	transfer excess funds Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	12/21/99	\$10000.00
U.D.F. - D.F.L. 352 Wacouta St. Paul MN 55101	contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/19/99	\$5000.00
Friends Of Joe Baca P.O. Box 362 San Bernardino CA 92404	contrib. CA - dist 42 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/13/99	\$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUMTOTAL of Disbursements This Page (optional) . . . . . \$25,500.00

TOTAL this Period (last page this line number only) . . . . . \$25,500.00