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)

THE ROBERT MONDAVI CORPORATION CIVIC ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement for this Period
A. Full Name, Mailing Address and ZIP Code **Joe Skeen for Congress** **429 No. St. Asaph Street** **Alexandria, VA 22314**	**House/2nd / (NM)** Disbursement for: ☐ Primary ☐ General ☒ Other (specify) **Check #179, reported 3/31/00, Lost in mail. Payment Stopped – Not released**	**11/17/00**	**<$1,000>**
B. Full Name, Mailing Address and ZIP Code **Mike Thompson for Congress** **415 Cannon House Office Building** **Washington, DC 20515**	Purpose of Disbursement: **Election 2002 House / 1st / (CA)** Disbursement for: ☒ Primary ☒ General ☐ Other (specify) **$1,000 per election**	**11/17/00**	**$2,000**
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement for this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement for this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement for this Period
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 for 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 for 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 for 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 for this Period

SUBTOTAL of Disbursements This Page (optional) ➤	**1,000**
TOTAL This Period (last page this line number only) ➤	**1,000**