SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CALIFORNIA COOPERATIVE CREAMERY FEDERAL PAC

A. 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
MIKE THOMPSON P.O. BOX 157 SANTA ROSA, CA 95402	MIKE THOMPSON FOR CONGRESS	6/9/98	$200 -
B. 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**
TOM BARDONARO P.O. BOX 3917 PASO ROBLES, CA 93447-3917	TOM BARDONARO FOR CONGRESS	6/9/98	500 -
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 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 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 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 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) ..... $700 -

TOTAL This Period (last page this line number only) ..... $700 -

6-30173