

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

ID#C00448985

A. <b>MCCAIN VICTORY CALIFORNIA</b>		Date of Disbursement
Mailing Address <b>101 PARKSHORE DR, STE. 105</b>		M M / D D / Y Y Y Y <b>06 / 23 / 2008</b>
City <b>FOLSOM</b>	State <b>CA</b>	Amount of Each Disbursement this Period <b>2000.00</b>
Zip Code <b>95630</b>		
Purpose of Disbursement <b>CONTRIBUTION</b>		Category/ Type <b>011</b>
Candidate Name <b>JOHN MCCAIN</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

B. _____		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

C. _____		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**2000.00**  
**2000.00**

28039763586