SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Sun-Maid Growers of California
Political Action Committee

FEC ID No. C-00108001

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Hastert for Congress P. O. Box 625 Batavia, Illinois 60510	Political Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-2-99	1,000.00
B. Full Name, Mailing Address and ZIP Code Larry Combest Combest Congressional Campaign P. O. Box 10667 Lubbock, TX 79408	Political Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-2-99	1,000.00
C. Full Name, Mailing Address and ZIP Code Mike Thompson Mike Thompson for Congress P. O. Box 1998 St. Helena, CA 94574	Political Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-11-99	500.00
D. Full Name, Mailing Address and ZIP Code Lynn Woolsey Lynn Woolsey for Congress P. O. Box 750176 Petaluma, CA 94975-0176	Political Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-11-99	500.00
E. Full Name, Mailing Address and ZIP Code Doug Ose Doug Ose for Congress P. O. Box 41649 Sacramento, CA 95841	Political Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-29-99	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)	3,500.00
TOTAL This Period (last page this line number only)	3,500.00

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