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)

CONAGRA INC GOOD GOVERNMENT ASSOC.

A. Full Name, Mailing Address and ZIP Code COOLEY FOR CONGRESS 44 CANAL CENTER PLAZA, #400 ALEXANDRIA, VA 22314	Purpose of Disbursement CALVIN COOLEY U S CONGRESS CA020 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 05/01/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code HERGER FOR CONGRESS COMMITTEE P O BOX 16021 ALEXANDRIA, VA 22302	Purpose of Disbursement WALLY HERGER U S CONGRESS CA002 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 09/20/99	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code BOB MATSUI FOR CONGRESS COMMITTEE 729 15TH ST., NW THIRD FLOOR WASHINGTON, DC 20005	Purpose of Disbursement BOB MATSUI U S CONGRESS CA005 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 10/15/99	Amount of Each Disbursement this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code THOMPSON FOR CONGRESS 442 NEW JERSEY AVENUE, SE WASHINGTON, DC 20003	Purpose of Disbursement MIKE THOMPSON U S CONGRESS CA001 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 10/15/99	Amount of Each Disbursement this Period 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			3,500.00

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