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 State Pipe Trades Council Voluntary Federal Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Berman for Congress 10990 Wilshire Blvd., #920 Los Angeles, CA 90024	Howard Berman CA 26 Disbursement for: [X] Primary [ ] General [ ] Other (specify) $1,000.00	7/28/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Woolsey for Congress P.O. Box 750176 Petaluma, CA 94975	Lynn Woolsey CA 6 Disbursement for: [X] Primary [ ] General [ ] Other (specify) $ 500.00	9/09/97	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Thompson for Congress 1700 L Street Sacramento, CA 95814	Mike Thompson CA 1 Disbursement for: [X] Primary [ ] General [ ] Other (specify) $5,000.00	10/09/97	2,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sherman for Congress P.O. Box 75214 Washington, DC 20013-5214	Brad Sherman CA 24 Disbursement for: [X] Primary [ ] General [ ] Other (specify) $1,500.00	12/05/97	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Juanita McDonald for Congress 21839 S Avalon Blvd., #174 Carson, CA 90745	Juanita McDonald CA 37 Disbursement for: [X] Primary [ ] General [ ] Other (specify) $1,000.00	12/05/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Lois Capps P.O. Box 23940 Santa Barbara, CA 93121	Lois Capps CA 22 Disbursement for: [X] Primary [ ] General [ ] Other (specify) $2,500.00	12/22/97	2,500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	7,500.00
TOTAL This Period (last page this line number only)	7,500.00

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