

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the recalled summary page

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NAME OF COMMITTEE (IS FULL)
WELLS FARGO & COMPANY IMPACT FUND

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHRISTOPHER COX CONGRESSIONAL CMTE POST OFFICE BOX 8088-C NEWPORT BEACH, CA 92658-	CHRISTOPHER COX; US CONGRESS; STATE: CA; DIST: 47 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	12/22/98	\$1000.00
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SUBTOTAL of Disbursements This Page (optional)	\$1000.00
TOTAL This Period (last page this line number only)	\$1000.00