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)
WOMEN'S POLITICAL COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code COMMITTEE FOR GAIL SCHOETTLER, INC P.O. BOX 61464 DENVER, CO 80206 94010007	CONTRIBUTION COLO. GOV. RACE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7-14-97	1000
B. Full Name, Mailing Address and ZIP Code DEL PAPA FOR GOVERNOR (NEV) P.O. BOX 8977 RENO, NV 89507	CONTRIBUTION NEV. GOV. RACE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9-15-97	5000
C. Full Name, Mailing Address and ZIP Code CAROL MOSELEY-BRAUN FOR SENATE C/O RIFFENBERG & ASSOCIATES 2940 WESTWOOD BLVD. LOS ANGELES, CA 90064	Purpose of Disbursement C00256610, CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-21-97	5000
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO RE-ELECT LORETTA SANCHEZ C/O KATE DILLIGHAM 1614 OCEAN AVE, APT C SEAL BEACH, CA 90740	Purpose of Disbursement C00326264 CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12-8-97	5000
E. Full Name, Mailing Address and ZIP Code FRIENDS OF LOIS CAPPS P.O. BOX 23940 SANTA BARBARA, CA 93121	Purpose of Disbursement C00331389 CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12-11-97	5000
F. Full Name, Mailing Address and ZIP Code ELLEN TAUSCHER FOR CONGRESS 530 HOWARD STREET #250 SAN FRANCISCO, CA 94105	Purpose of Disbursement C00310706 CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12-11-97	5000
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) .....

TOTAL This Period (last page this line number only) 26,000

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