SCHEDULE B ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

> NORTHWEST AIRLINES POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Lois Capps 25 West Anapamu Santa Barbara, CA 93101	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/5/98	41000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Collins for Congress 4010 Fairacres Road Alexandria, VA 22310-2136	VOIDED CHECK #2687 Written 9/17/97 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		-6500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Bud Shuster for Congress Committee P.O. Box 25703 Alexandria, VA 22313	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/28/98	41000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**		**Amount of Each Disbursement this Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**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**	**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**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ..... >	$1500.00
TOTAL This Period (last page this line number only) ..... >	$1500.00