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)

MCI WORLDCOM, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code Steve Rothman for Congress P.O. Box 714 Hackensack, NJ 07602	Purpose of Disbursement Candidate Contribution D-NJ-9 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 05/19/00	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code LOIS CAPPS FOR CONGRESS 1724 SANTA BARBARA STREET SANTA BARBARA, CA 93101	Purpose of Disbursement Candidate Contribution D-CA-22 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/19/00	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 817889 Hollywood, FL 33081	Purpose of Disbursement Candidate Contribution D-FL-20 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 05/19/00	Amount of Each Disbursement This Period 1,000.00
D. 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
E. 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
F. 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
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) 2,000.00

TOTAL This Period (last page this line number only) 32,500.00

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