

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)

AIRTOUCH COMM POLITICAL ACTION CMTE(FED)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CRISTOPHER COX CONGRESSIONAL COMMITTEE P.O. BOX 8088-C NEWPORT BEACH, CA 92658	CHRIS COX U S CONGRESS CA47 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other:	03/23/98	1,000.00
COMMITTEE TO RE-ELECT LORETTA SANCHEZ 12553 S. HARBOR BLVD. GARDEN GROVE, CA 92640	LORETTA SANCHEZ U S CONGRESS CA 46 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other:	03/18/98	500.00
SHERMAN FOR CONGRESS 5152 SEPULVEDA BLVD #1996 SHERMAN OAKS, CA 91403	BRAD SHERMAN U S SENATE CA24 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other:	03/23/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			2,000.00