

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)

Northern Telecom Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Patty Murray 805 Independence Ave., SE Washington, DC 20003	Contri. to Patty Murray D.C. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9-98	1,000 ⁰⁰
B. Full Name, Mailing Address and ZIP Code Jim Davis for Congress 209 Blanca Ave. Tampa, FL 33604	Contri. to Jim Davis FL-11 th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9-98	500 ⁰⁰
C. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress PO Box 817689 Hollywood, FL 33081	Contri. to Peter Deutsch FL-20 th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9-98	500 ⁰⁰
D. Full Name, Mailing Address and ZIP Code Congressman Bob Clement Committee c/o Ann Conahan Negvesky 978 North Royal St. Alexandria, VA 22314	Contri. to Bob Clement TN-5 th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9-98	500 ⁰⁰
E. Full Name, Mailing Address and ZIP Code Linder for Congress PO Box 942060 Chamblee, GA 31141	Contri. to John Linder GA-11 th Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9-98	500 ⁰⁰
F. Full Name, Mailing Address and ZIP Code Participation 2000 234 Massachusetts Ave., NE Suite 200 Washington, DC 20002	Contri. to Participation 2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22-98	500 ⁰⁰
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)