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)
Cellular Telecommunications Industry Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Clay Shaw 2600 NE 14th Street Causeway Pompano Beach, FL 33062	E. Clay Shaw, U.S. HOUSE 22nd FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/09/00	1,000.00
B. Friends of Kent Conrad PO Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/19/00	1,000.00
C. Wynn for Congress 1129 20th Street NW C/O Mitchell and Titus LLP Washington, DC 20036	Albert R Wynn, U.S. HOUSE 4th MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/19/00	1,000.00
D. AMERIPAC: The Fund for a Greater America 1850 K Street NW Suite 850 Washington, DC 20006	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/23/00	1,000.00
E. Rely On Your Beliefs Fund 1736 E Sunshine Suite 913 Springfield, MO 65804	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/23/00	1,000.00
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)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00

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