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)

SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. -AGLIWD FEC ID No. C00004325

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
A. Full Name, Mailing Address and ZIP Code FRIENDS OF LOIS CAPPS 25 WEST ANAPAMU SANTA BARBARA, CA	D-CA-98P-22 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	1000.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF JANE HARMAN 5200 W.CENTURY BL.#370 LOS ANGELES, CA 90249	D-CA-98P-36 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/15/97	500.00
C. 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 Page
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 Page
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 Page
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 Page
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 Page
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 Page
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 Page

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