

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**  
ABERCROMBIE FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ENDO & COMPANY 1357 KAPIOLANI BLVD STE 1005 HONOLULU, HI 96814	ACCOUNTING SERVICES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	1093.74
B. Full Name, Mailing Address and ZIP Code GTE WIRELESS 733 BISHOP ST STE 1900 HONOLULU, HI 96813	TELEPHONE SERVICE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/99	27.68
C. Full Name, Mailing Address and ZIP Code ENDO & COMPANY 1357 KAPIOLANI BLVD, STE 1005 HONOLULU, HI 96814	ACCOUNTING SERVICES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/99	999.99
D. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 S CAPITOL ST WASHINGTON, DC 20003	{ IN-KIND CONTRIBUTION } FUNDRAISING SERVICE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/99	141.47
E. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 S CAPITOL ST WASHINGTON, DC 20003	{ IN-KIND CONTRIBUTION } FUNDRAISING SERVICE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/99	7.98
F. Full Name, Mailing Address and ZIP Code DOROTHY ELLSWORTH-GANNON RETIREMENT DINNER C/O 9000 MACHINIST PLACE STE 201 UPPER MARLBORO, MD 20772	TICKET Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/99	100.00
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)** ..... 2370.86

44493.41

**TOTAL This Period (last page this line number only)** ..... 44493.41