

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21

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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
U S S MISSOURI MEMORIAL ASSN, INC. P O BOX 6339 HONOLULU, HI 96826	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/99	500.00
B. Full Name, Mailing Address and ZIP Code FILIPINO CHAMBER OF COMMERCE OF HAWAII 905 UMI ST HONOLULU, HI 96819	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/99	38.00
C. Full Name, Mailing Address and ZIP Code THE JAPAN-AMERICA SOCIETY OF HAWAII P O BOX 1412 HONOLULU, HI 96806	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/26/99	150.00
D. Full Name, Mailing Address and ZIP Code HASTINGS REDISTRICTING LEGAL DEFENSE FUND P O BOX 9352 FT LAUDERDALE, FL 33310	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/99	250.00
E. Full Name, Mailing Address and ZIP Code CHERRY BLOSSOM FESTIVAL 2454 S BERETANIA ST HONOLULU, HI 96826	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/99	75.00
F. Full Name, Mailing Address and ZIP Code CITIZENS FOR RON KLINK P O BOX 75214 WASHINGTON, DC 20013	FEDERAL CONTRIBUTION PA US SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/99	250.00
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) .....

1263.00