

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
SHELL OIL COMPANY EMPLOYEES' POLITICAL AWARENESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB LIVINGSTON TRIBUTE CMTE. 229 ST. CHARLES AVE. #1333 NEW ORLEANS, LA 70133	US HOUSE - LA-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	2500.00
B. Full Name, Mailing Address and ZIP Code ALASKANS FOR DON YOUNG PO BOX 100298 ANCHORAGE, AK 99510	US HOUSE - AK-AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	1000.00
C. Full Name, Mailing Address and ZIP Code BAZEMAN FOR CONGRESS PO BOX 5871 ARLINGTON, VA 22205	US HOUSE - VA-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	500.00
D. Full Name, Mailing Address and ZIP Code PICKERING FOR CONGRESS 611 CHESTNUT PLACE ALEXANDRIA, VA 22314	US HOUSE - MS-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	500.00
E. Full Name, Mailing Address and ZIP Code KEK CALVERT FOR CONGRESS 4451 BROOKFIELD CORP.ER 200 CHANTILLY, VA 20151	US HOUSE - CA-43 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	500.00
F. Full Name, Mailing Address and ZIP Code COVERDELL GOOD GOV'T CMTE. C/O CAPITOL VIEW CLUB 403 NEW JERSEY AVE NW WASHINGTON, DC 20002	US SENATE - GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	1000.00
G. Full Name, Mailing Address and ZIP Code CRAIG FOR US SENATE CMTE PO BOX 253 MOUNT VERNON, VA 22121	US SENATE - ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	1000.00
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 Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	7000.00