

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page
 PAGE 15 OF 25
 FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
 SEAFARERS POLITICAL ACTIVITY DONATION
 SEAFARERS INT' UNION OF N.A. - AGLIWD
 FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PETE KING FOR CONGRESS COMM. P.O. BOX 1428 SEAFORD, NY 11783	R-NY-03-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	500.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF MAJOR OWENS P.O. BOX 2265 BROOKLYN, NY 11202	D-NY-11-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	500.00
C. Full Name, Mailing Address and ZIP Code MALONEY FOR CONGRESS 49 EAST 92ND STREET NEW YORK, NY 10128	D-NY-14-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/99	500.00
D. Full Name, Mailing Address and ZIP Code SERRANO FOR CONGRESS 275 MADISON AVENUE NEW YORK, NY 10016	D-NY-16-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	5,000.00
E. Full Name, Mailing Address and ZIP Code CITIZENS COMMITTEE FOR GILMAN FOR CONGRESS P.O. BOX 3001 MIDDLETOWN, NY 10940	VOID CHECK R-NY-20-98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/98	(1,000.00)
F. Full Name, Mailing Address and ZIP Code SLAUGHTER RE-ELECTION COMM. P.O. BOX 2884 WASHINGTON, DC 20013	D-NY-28-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	500.00
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) 6,000.00

TOTAL This Period (last page this line number only)