

**SCHEDULE B**

**EMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**  
**I.U.O.E. -LOCAL 137 PAC**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE 430 G. CAPITOL STREET, S.E. WASHINGTON DC 20003	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/04/1999	100.00
NITA LOWEY FOR CONGRESS 1185 AVENUE OF THE AMERICAS NEW YORK NY 10036	Purpose of Disbursement (House - NY - 18) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/17/1999	5000.00
SUE KELLY FOR CONGRESS 700 WHITE PLAINS ROAD SUITE 325 SCARSDALE NY 10583	Purpose of Disbursement (House - NY - 19) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/27/1999	1000.00
SUE KELLY FOR CONGRESS 700 WHITE PLAINS ROAD SUITE 325 SCARSDALE NY 10583	Purpose of Disbursement (House - NY - 19) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/23/1999	500.00

SUBTOTALS of Disbursements This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

8600.00