

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in full)

Appraisal Institute Political Action Committee (APPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Maurice Hinchey P.O. Box 4497 Kingston, NY 12402	Debt Retirement '96 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/97	\$300.00
B. Full Name, Mailing Address and ZIP Code Bob Barr for Congress 1212 North Vernon Street Arlington, VA 22201	Debt Retirement -- '96 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/97	\$500.00
C. Full Name, Mailing Address and ZIP Code Lazio for Congress 4451 Brookfield Corp. Drive, #200 Chantilly, VA 20151	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	\$500.00
D. Full Name, Mailing Address and ZIP Code LoBiondo for Congress P.O. Box 550 Vineyard, NJ 08360	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/97	\$500.00
E. Full Name, Mailing Address and ZIP Code Brownback for U.S. Senate 425 Second Street, NE Washington, DC 20002	Debt Retirement -- '96 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/97	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Maloney for Congress 49 E. 92nd Street New York City, NY 10128	Campaign Contribution Carolyn Maloney (D-NY) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/97	\$500.00
G. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton P.O. Box 795 Mt. Holly, NJ 08060	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/97	\$300.00
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 Disbursements This Page (optional) .....

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

\$3,600.00