

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
 SEAFARER POLITICAL ACTIVITY DONATION  
 SEAFARERS INT'L UNION OF NA - ASLWE  
 FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period
FRIENDS OF MIKE FORBES FOR CONGRESS COMMITTEE 240 BECHOWITH AVE. PO BOX 500 SOUTHOLD, NY 11971	C-NY-01-2000 10/14/99		4,000.00
B. Full Name, Mailing Address and ZIP Code LAZIC FOR CONGRESS 72 EAST MAIN ST., SUITE 4 BABYLON, NY 11702	R-NY-02-2000 10/27/99	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement This Period

**SUBTOTAL of Disbursements This Page (optional)** . . . . . 5,000.00

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