SCHEDULE B **ITEMIZED 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) AMERICAN MARITIME OFFICERS, VOLUNTARY POLITICAL ACTION FUND

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Rely on Your Beliefs Fund PO Box 5711 Arlington, VA 22205	Fundraiser Disbursement for: Primary / General / Other (specify)	4-27-00	1,500.-
B. Honorable Jim Saxton c/o Friends of Jim Saxton PO Box 795 Mount Holly, NJ 08060	Campaign Contribution Cng/NJ/3rd/Rep. Disbursement for: Primary / General / Other (specify) 2000	4-27-00	1,000.-
C. Honorable C. Clay Shaw, Jr. c/o Friends of Clay Shaw 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Campaign Contribution Cng/FL/22nd/Rep. Disbursement for: Primary / General / Other (specify) 2000	4-27-00	500.-
D. Honorable John M. Shimkus c/o Volunteers for Shimkus PO Box 2776 Arlington, VA 22202	Campaign Contribution Cng/IL/20th/Rep. Disbursement for: Primary / General / Other (specify) 2000	4-27-00	500.-
E. Honorable Louise M. Slaughter c/o Louise Slaughter Re-election Committee PO Box 2884 Washington, DC 20013	Campaign Contribution Cng/NY/25th/Dem. Disbursement for: Primary / General / Other (specify) 2000	4-27-00	1,000.-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary / General / 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: Primary / General / 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: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 4,500.-

TOTAL This Period (last page this line number only) 55,000.-

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