

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)
ABERCROMBIE FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CLAY, JR FOR CONGRESS 14917 CLAUDE LANE SILVER SPRING, MD 20905	CONTRIBUTION 1ST DISTRICT, MISSOURI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/99	250.00
B. Full Name, Mailing Address and ZIP Code PEARLRIDGE ROTARY FOUNDATION C/O 98-150 KAONOHI ST ALEA, HI 96701	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/99	250.00
C. Full Name, Mailing Address and ZIP Code DEMOCRATIC PARTY OF HAWAII 404 WARD AVE STE 201 HONOLULU, HI 96814	CONTRIBUTION OAHU COUNTY COMMITTEE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/99	500.00
D. Full Name, Mailing Address and ZIP Code FILIPINO COMMUNITY CENTER 905 UMI ST #304 HONOLULU, HI 96789	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/99	200.00
E. Full Name, Mailing Address and ZIP Code FRIEND OF JOE BACA 707 WEST SECOND ST STE G SAN BERNADINO, CA 92404	CONTRIBUTION 42ND DISTRICT CA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/10/99=	250.00
F. Full Name, Mailing Address and ZIP Code MANOA PANOLO FOOTBALL C/O LIA KEKAUDHA 2394 TANTALUS DRIVE HONOLULU, HI 96813	DONATION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/99	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)

TOTAL This Period (last page this line number only)

1950.00