

SCHEDULE B

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

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FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)
Long Island Savings Bank, FSB Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
Lazio for Congress PO Box 50563 Bayside, NY 11703	Lazio House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	6350
B. Full Name, Mailing Address and Zip Code Congressman Floyd H Flake Campaign Co. 114-16A Merrick Blvd Jamaica, NY 11433	Purpose of Disbursement Flake House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/97	\$1,000
C. Full Name, Mailing Address and Zip Code CBANYS-PAC PO Box 326 Grand Central Station New York, NY 10183	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Pac Activity	4/14/97	\$1,500
D. Full Name, Mailing Address and Zip Code Committee to Re-elect Congressman Ed Towns 360 Clinton Ave, Suite 6R Brooklyn, NY 11238	Purpose of Disbursement Towns House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/97	\$1,000
E. 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 Receipt this Period
F. 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 Receipt this Period
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 Receipt 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 Receipt 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 Receipt this Period

SUBTOTAL of Disbursements This Page (optional).....	\$3,850
Total This Period (last page this line number only).....	\$3,850