

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)

I.F.P.T.E. LEAP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FALLONE FOR CONGRESS PO BOX 3176 LONG BRANCH NJ 07740	US CONG NJ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/11/2000	500.00
DEMOCRATIC NATIONAL COMM. 430 SOUTH CAPITOL ST SE WASHINGTON DC 20090	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONTRIBUTION	2/3/2000	100.00
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 SOUTH CAPITOL ST SE WASHINGTON DC 20093	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISING EVENT	2/19/2000	1000.00
CAPLANA FOR CONGRESS 219 ELIA STREET DAVIS SQUARE SOMERVILLE MA	US CONG MA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISING EVENT	3/28/00	200.00
DON HAYNE FOR CONG. PO BOX 2406 NEWARK, NJ 07114	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) AD BOOK	3/1/2000	175.00
GEKAS FOR CONG COMM. 4451 BROOKFIELD CORP DR. CHANTILLY, VA 20157	VA HOUSE OF REP Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/00	500.00
ABERCROMBIE FOR CONGRESS PO BOX 2894 WASHINGTON, DC 20013	US CONG. HI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISING EVENT	3/28/00	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

2575.00

TOTAL This Period (last page this line number only)

2575.00