

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
AMERICAN SHIPPING ALLIANCE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BOBBY SCOTT FOR CONGRESS</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address P O BOX 251 City NEWPORT NEWS State VA Zip Code 23607		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.4426	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: VA      District: 03			

Full Name (Last, First, Middle Initial) <b>B. COBLE FOR CONGRESS</b>		Date of Disbursement 08 / 14 / 2002	
Mailing Address 338 N ELM ST      PO BOX 1177 City GREENSBORO State NC Zip Code 27401		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4439	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC      District: 06			

Full Name (Last, First, Middle Initial) <b>C. DEFAZIO FOR CONGRESS</b>		Date of Disbursement 07 / 12 / 2002	
Mailing Address PO Box 1316 City Springfield State OR Zip Code 97477		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.4431	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OR      District: 04			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	