

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

| Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Democratic Party of Hawaii 404 Ward Ave., Ste. 201 Honolulu, HI 96814- | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/05/2000 | \$,000.00 |
| Na Koa Benefit University of Hawaii Honolulu, HI 96822- | Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/04/2000 | 102.00 |
| Friends of Patsy Mink P.O. Box 4432 Honolulu, HI 96812- | Contribution; 2nd District, HI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/05/2000 | 1,000.00 |
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| SUBTOTAL of Disbursements This Page (optional) | 6,102.00 |
| TOTAL This Period (last page this line number only) | 6,102.00 |