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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): FRIENDS OF LOIS CAPPS
Mailing Address: 38 IVY STREET, SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 23 2002
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF MAX BAUCUS
Mailing Address: 203 C STREET, NE
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 26 2002
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement:
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 1,500.00

TOTAL This Period (last page this line number only) ▶