SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 4
	FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Corporation for the Advancement of Psychiatry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us PO Box 490 St. Joseph, MI 49085	MI-6 House Race Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/15/99	$500
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Dave Camp 139 Ashman Drive PO Box 423 Midland, MI 48640	MI-4 House Race Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/1/99	$500
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Thurman For Congress PO Box 5058 Inverness, FL 34450-5058	FL-5 House Race Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/1/99	$500
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Darlene Hooley for Congress 38 Ivy Street, SE Washington, DC 20003	OR-5 House Race Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/15/99	$500
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Levin for Congress 436 New Jersey Avenue, SE Washington, DC 20003	MI-12 House Race Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/15/99	$500
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Lois Capps 38 Ivy Street, SE Washington, DC 20003	CA-22 House Race Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/16/99	$500
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$3,000
TOTAL This Period (last page this line number only)	$23,546.88

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