SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Society of Consultant Pharmacists - PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GOPAC Corporate Alliance 122 C Street, NW Suite 505 Washington, DC 20001	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/16/99	5,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
House Democratic Leader's Victory Fund 1215 17th Street NW Suite 308 Washington, DC 20036	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/6/99	1,000
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-elect Nancy L. Johnson to Congress 4415 Brookfield Corp. Drive Chantilly, VA 20151-1652	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/14/99	1,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps PO Box 23940 Santa Barbara, CA 93121	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/30/99	500
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kennedy for Senate 426 C Street, NE Rear Building Washington, DC 20002	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/3/99	1,000
F. 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)		
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) .....

TOTAL This Period (last page this line number only) 8,500

FEBAN1.21 PDF