SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5 FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Healthcare Recoveries Political Action Committee

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anne Northup for Congress PO Box 7313 Louisville KY 40257	Donation (House - KY - 3) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	12/07/2001	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Bunning 1717 Dixie Highway, Suite 180 Ft. Wright KY 41011-3869	Campaign Contribution (Senate - KY -) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	12/13/2001	500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1000.00