

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 3
				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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Mid Atlantic Medical Services, Inc. PAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> National Republican Congressional Committee 8521 Old Courthouse Road Suite 250 Vienna VA 22182	<b>Purpose of Disbursement</b>  Fundraiser  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/02/1998	<b>Amount of Each Disbursement This Period</b> 2500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Hon. Bob Ehrlich P.O. Box 532  Hunt Valley MD 21030	<b>Purpose of Disbursement</b> (House - MD - 2) Fundraiser (House - Maryland)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/12/1998	<b>Amount of Each Disbursement This Period</b> 1500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rep. Steny Hoyer 7905 Malcolm Rd # 102  Clinton MD 20735	<b>Purpose of Disbursement</b> (House - MD - 5) Fundraiser  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/17/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Hon. Albert R. Wynn P.O. Box 5323  Capitol Heights MD 20791-5323	<b>Purpose of Disbursement</b> (House - MD - 4) Fundraiser  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/17/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Sen. Barbara Mikulski 711 W. 40th Street Suite 460 Baltimore MD 21211	<b>Purpose of Disbursement</b> (Senate - MD - ) Fundraiser  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/30/1998	<b>Amount of Each Disbursement This Period</b> 1000.00		
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>7000.00</b>