

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

HEALTH CARE CONCERNS PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TERESA LOAR FOR CONGRESS Rd. Box 11262 KANSAS CITY, MO 64119	CONTRIBUTION TERESA LOAR FOR CONGRESS (MO-6th) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/00	100. <sup>00</sup>
AMERICAN HOSPITAL ASSOCIATION PAC 325 7th St., Ste. 700 WASHINGTON, D.C. 20004	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	750. <sup>00</sup>
KANSAS HOSPITAL ASSOCIATION PAC P.O. Box 2308 TOPEKA, KS. 66601	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	750. <sup>00</sup>
ASHCROFT FOR SENATE 8229 Clayton Rd, Ste 200 St. Louis, Mo 63117	CONTRIBUTION JOHN ASHCROFT FOR SENATE (MO) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	1,000. <sup>00</sup>
MOORE FOR CONGRESS P.O. Box 14613 SHAWNEE MISSION, KS. 66285	CONTRIBUTION DENNIS MOORE FOR CONGRESS (KS-3RD) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/00 9/12/00	500. <sup>00</sup> 1,000. <sup>00</sup>
CARNAHAN FOR SENATE P.O. Box 4708 St. Louis, Mo. 63108	CONTRIBUTION MEL CARNAHAN FOR SENATE (MO) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	1,000. <sup>00</sup>
MUSI FOR CONGRESS P.O. Box 13030 SHAWNEE MISSION, KS 66282	CONTRIBUTION GREG MUSI FOR CONGRESS (KS-3RD) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	1,000. <sup>00</sup>
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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

\$ 6,100.<sup>00</sup>