SCHEDULE B **ITEMIZED DISBURSEMENTS**

Page _____ of ___ ____ for
LINE NUMBER _____ _
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (In Full)
American Health Care Association - Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Rogan PO Box 846 Rancho Cucamonga, CA 91729	R- -CA 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Virgil Goode 112 N Main Street Rocky Mount, VA 24151	D- -VA 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eric Vitaliano 1409 Richmond Ave Staten Island, NY 10314	- -NY 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/02/97	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Henry PO Box 4425 Louisville, KY 40204	- -KY 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/02/97	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Thompson 1700 L Street Sacramento, CA 95814	- -CA 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep Party of KY , KY	- -KY Disbursement for ☐ Primary ☐ General ☒ Other (specify):	10/24/97	1,250.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Snyder , CO	- -CO 98 Primary Disbursement for ☒ Primary ☐ General ☐ Other (specify):	10/24/97	500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Moore , SC	- -SC Disbursement for ☐ Primary ☐ General ☒ Other (specify):	10/30/97	1,000.00
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)	5,250.00
TOTAL This Period (last page this line number only)	44,350.00