

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address

LIBERTY PLACE, STE. 700, 325 7th ST, NW

City

WASHINGTON D.C.

State

D.C.

Zip Code

20004-2802

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 09 / 2001

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HEALTH PAC

Mailing Address

P.O. Box 60

City

JEFFERSON CITY

State

MO

Zip Code

65102-0060

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 09 / 2001

Amount of Each Disbursement this Period

1100.00

Full Name (Last, First, Middle Initial)

C. KANSAS HOSPITAL ASSOCIATION PAC

Mailing Address

P.O. Box 2308

City

Topeka

State

Ks

Zip Code

66601-7308

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 09 / 2001

Amount of Each Disbursement this Period

1400.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

7450.00