

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER

23A

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**NAME OF COMMITTEE (in Full)**

**AMERICAN NURSES 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
Fowler for Congress Committee P.O. Box 380087 Jacksonville, Florida 32205	U.S. Rep Tillie Fowler House Candidate 4th (FL) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	500.00
Boucher for Congress Committee P.O. Box 2000 Abingdon, VA 24212	U.S. REP Rick Boucher House Candidate 9th (VA) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	500.00
Shelley Berkley for Congress P.O. Box 2884 Washington, Dc 20113	Shelley Berkley, House Candidate 1st (NY) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	2000.00
Loy Sneary for Congress 120 East Constitution Victoria, Texas 77981	Loy Sneary, House Candidate 14th (TX) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	2000.00
David Wu for U.S. Congress 921 S.W. Morrison Street, Galleria Bldg Portland, Oregon 97205	David Wu, House Candidate 1st (OR) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	2000.00
Friends of Clay Shaw 2600 N.E. 14th Street Causeway Pompano BEach, FL 33062	U.S. Rep Clay Shaw, House Candidate 22nd (FL) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	1000.00
G. 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
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) .....

81900.00