

**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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
Genesis Health Ventures, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Max Baucus		Date of Disbursement 10 ^M / 06 ^Y / 2001 ^V
Mailing Address 203 C Street, NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.11034
State: MT District:		

Full Name (Last, First, Middle Initial) B. GANSKE FOR SENATE		Date of Disbursement 11 ^M / 06 ^Y / 2001 ^V
Mailing Address 520 E LOCUST 2ND FLOOR City DES MOINES State IA Zip Code 50309		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.11042
State: IA District: 00		

Full Name (Last, First, Middle Initial) C. MAJORITY LEADER'S FUND		Date of Disbursement 07 ^M / 06 ^Y / 2001 ^V
Mailing Address 4451 BROOKFIELD CORPORATE DR #200 City CHANTILLY State VA Zip Code 20151		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.11029
State: District:		

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	