

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 Frank Pallone Suite 118, 540 Broadway Long Branch, NJ 07740	Purpose of Disbursement D-0006-NJ 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Byron Dorgan P O Box 871 Bismarck, ND 58502	Purpose of Disbursement D-SEN-ND 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Alfonse D'Amato 14 Southard Drive Island Park, NY	Purpose of Disbursement R-SEN-NY 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Bill Paxon P.O. Box 1995 Williamsville, NY 14231	Purpose of Disbursement R-0027-NY 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 2,500.00
F. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 2,500.00
G. Full Name, Mailing Address and ZIP Code DCCC 430 South Capitol St Washington, DC 20003	Purpose of Disbursement - -DC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Gary A. Condit 920 12 Street Modesto, CA 95354	Purpose of Disbursement D-0018-CA 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Dan Schaefer 10755 W Iliff Avenue Lakewood, CO 80227	Purpose of Disbursement R-0006-CO 98 Primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/06/97	Amount of Each Disbursement This Period 1,000.00
SUBTOTAL of Disbursements This Page (optional)			10,500.00
TOTAL This Period (last page this line number only)			