

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER **23**

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NAME OF COMMITTEE (in Full)
Health Alliance Political Action Committee - Federal

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
AHA PAC American Hospital Assn. 325 Seventh St, NW Washington, DC 20004-2802	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	11/24/97	5,000.00
B. Full Name, Mailing Address and Zip Code Natl. Assn. of Psychiatric Health Systems 1317 F Street, NW Suite 301 Washington, DC 20004	Purpose of Disbursement Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	Date (Month day, Year) 12/10/97	Amount of Each Disb. this Period 300.00
C. 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 Disb. this Period
D. 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 Disb. this Period
E. 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 Disb. this Period
F. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... > **5,300.00**

TOTAL this Period (Last page this line number only)..... > **5,300.00**