

**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)

PAGE / OF /

<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"/> 28	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**INDEPENDENT HEALTH ASSN INC. POLITICAL ALLIANCE**

Full Name (Last, First, Middle Initial)

**HEALTH PLAN PAC**

Date of Disbursement

**06 17 2004**

Mailing Address

**1129 20TH STREET NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20036**

Purpose of Disbursement

**PAC CONTRIBUTION**

Category/Type  
**011**

Amount of Each Disbursement This Period

**5000.00**

Candidate Name

**NA**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) **PAC USE**

State:

District:

Full Name (Last, First, Middle Initial)

**NANCY NAPLES FOR CONGRESS**

Date of Disbursement

**06 17 2004**

Mailing Address

**P.O. BOX 1261**

City

**ROFFANO**

State

**NY**

Zip Code

**14205**

Purpose of Disbursement

**POLITICAL CONTRIBUTION**

Category/Type  
**011**

Amount of Each Disbursement This Period

**1000.00**

Candidate Name

**NANCY NAPLES**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) **▼**

State:

**NY**

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement This Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) **▼**

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**6000.00**

**6000.00**