

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5
			FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code J D HAYWORTH FOR CONGRESS 10789 N 90TH STREET SUITE 102 SCOTTSDALE AZ 85260	Purpose of Disbursement Contribution (House - AZ - 08)	Date (month, day, year) 04/01/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MIKE TAYLOR FOR CONGRESS PO BOX 3323 CONCORD NC 28025	Purpose of Disbursement Contribution (House - NC - 08)	Date (month, day, year) 04/01/2000	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code GRASSLEY COMMITTEE PO BOX 1000 DES MOINES IA 50304	Purpose of Disbursement Contribution (Senate - IA - 00)	Date (month, day, year) 04/06/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Marc Guthrie for Congress P.O. Box 18 Newark OH 43058	Purpose of Disbursement Contribution	Date (month, day, year) 05/02/2000	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code HATCH ELECTION COMMITTEE 257 EAST 200 SOUTH SUITE 950 SALT LAKE CITY UT 84111	Purpose of Disbursement Contribution (Senate - UT - 00)	Date (month, day, year) 05/04/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code ROBB FOR THE SENATE POST OFFICE BOX 1279 MCLEAN VA 22101	Purpose of Disbursement Contribution (Senate - VA - 00)	Date (month, day, year) 05/04/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

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SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	4500.00