

**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 57 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial) A. SENSENBRENNER COMMITTEE		Transaction ID: SB23.5550 Date of Disbursement 06 / 25 / 2003	
Mailing Address PO BOX 575			
City BROOKFIELD	State WI	Zip Code 53008	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: WI	District: D5		

Full Name (Last, First, Middle Initial) B. STEARNS, CLIFFORD B		Transaction ID: SB23.5551 Date of Disbursement 06 / 25 / 2003	
Mailing Address PO BOX 308			
City SILVER SPRINGS	State FL	Zip Code 34488	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: FL	District: D6		

Full Name (Last, First, Middle Initial) C. STENHOLM FOR CONGRESS COMMITTEE		Transaction ID: SB23.5339 Date of Disbursement 04 / 15 / 2003	
Mailing Address P.O. BOX 1032			
City STAMFORD	State TX	Zip Code 79553	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TX	District: 17		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	