

**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)

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<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"/> 29				

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NAME OF COMMITTEE (In Full)
American Council for Health Care Reform 'ACHCR' Health PAC

Full Name (Last, First, Middle Initial) A. NATIONAL DEFENSE PAC			Date of Disbursement 09 / 18 / 2002	
Mailing Address PO BOX 10096 City: ALEXANDRIA State: VA Zip Code: 22310			Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement			Transaction ID: SB23.4191	
Candidate Name			Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Taff for Congress			Date of Disbursement 09 / 18 / 2002	
Mailing Address PO BOX 14455 City: LENEXA State: KS Zip Code: 66286			Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement			Transaction ID: SB23.4193	
Candidate Name			Category/ Type	
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: KS District: 03				

C.

SUBTOTAL of Disbursements This Page (optional)	200.00
TOTAL This Period (last page this line number only)	200.00