

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 Disbursement This Period
American Osteopathic Healthcare Assoc 5550 Friendship Blvd. Suite 300 Chevy Chase, MD 20815-7201	1998 SHARED CONTRIBUTIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	01/12/99	342.50
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 SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/22/99	400.00
C. Full Name, Mailing Address and ZIP Code AHA PAC American Hospital Assn. 325 Seventh St, NW Washington, DC 20004-2802	Purpose of Disbursement SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/19/98	15,000.00
D. Full Name, Mailing Address and ZIP Code AHA PAC American Hospital Assn. 325 Seventh St, NW Washington, DC 20004-2802	Purpose of Disbursement SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 999	04/30/99	10,000.00
E. Full Name, Mailing Address and ZIP Code American Osteopathic Healthcare Assoc 5550 Friendship Blvd. Suite 300 Chevy Chase, MD 20815-7201	Purpose of Disbursement SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/20/99	312.50
F. Full Name, Mailing Address and ZIP Code AHA PAC American Hospital Assn. 325 Seventh St, NW Washington, DC 20004-2802	Purpose of Disbursement SHARED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/04/99	10,000.00
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 Disbursement 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 Disbursement 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 Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

36,055.00

TOTAL This Period (last page this line number only)

36,055.00