

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 CARE CONCERNS PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SNOWBARGER FOR CONGRESS P.O. Box 3001 Olathe, Ks. 66063	CONTRIBUTION TO VINCE SNOWBARGER 03/KS. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/98	\$ 500. ⁰⁰
KAREN MCCARTHY FOR CONGRESS 1111 VALENTINE KANSAS CITY, MO. 64111	CONTRIBUTION TO KAREN MCCARTHY 05/MO. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/98	1,000. ⁰⁰
NIXON CAMPAIGN FUND P.O. BOX 143 JEFFERSON CITY, MO. 65102	CONTRIBUTION TO JAY NIXON SENATE/MO. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/98	500. ⁰⁰
MISSOURIANS FOR KIT BOND 34 N. GREENTWOOD BLD, STE. 14 St. LOUIS, MO. 63105	CONTRIBUTION TO KIT BOND SENATE/MO. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/98	2,000. ⁰⁰
DENNIS MOORE FOR CONGRESS P.O. BOX 14613 SHAWNEE MISSION, KS. 66205	CONTRIBUTION TO DENNIS MOORE 03/KS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/98	500. ⁰⁰
IKE SKELTON FOR CONGRESS P.O. BOX A HARRISONVILLE, MO, 64701	CONTRIBUTION TO IKE SKELTON 04/MO. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/98	500. ⁰⁰
FELICIANO FOR US SENATE P.O. Box 4084 TOPEKA, KS. 66604	CONTRIBUTION TO PAUL FELICIANO SENATE/KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	100. ⁰⁰
AMERICAN HOSPITAL ASSOCIATION PAC 385 7th St., Ste. 700 WASHINGTON, D.C. 20004	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/98 8/18/98	2,500. ⁰⁰ 500. ⁰⁰
L 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)

TOTAL This Period (last page this line number only)

\$ 8,100.⁰⁰