

**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)
HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC) Mailing Address 325 SEVENTH STREET NW SUITE 700 City: WASHINGTON State: DC Zip Code: 20004 Purpose of Disbursement: General Fundraising Candidate Name: _____		Date of Disbursement 01 / 22 / 2002 Amount of Each Disbursement this Period 2875.00 Transaction ID: SB23.4250
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____ District: _____	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. VOLUNTEERS FOR SHIMKUS Mailing Address P.O. Box 5458 PD BOX 5458 City: Springfield State: IL Zip Code: 62706 Purpose of Disbursement: General fundraising Candidate Name: _____		Date of Disbursement 01 / 24 / 2002 Amount of Each Disbursement this Period 500.00 Transaction ID: SB23.4251
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: IL District: 19	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C.	
SUBTOTAL of Disbursements This Page (optional)	3175.00
TOTAL This Period (last page this line number only)	3175.00