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)
FOUNDATION HEALTH FEDERAL SERVICES, INC.
POLITICAL ACTION COMMITTEE

FEC ID No. C00343402

| | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Norm Dicks for Congress<br>P.O. Box 1663<br>Tacoma, WA 98401<br>C00037606 | WA CD 6<br>Disbursement for: [X] Primary [ ] General<br>[ ] Other (specify) | 2/2/00 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code<br>Norm Dicks for Congress<br>P. O. Box 1663<br>Tacoma, WA 98401<br>C00037606 | WA CD 6<br>Disbursement for: [ ] Primary [X] General<br>[ ] Other (specify) | 2/2/00 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 1,000.00 |
| TOTAL This Period (last page this line number only) | 1,000.00 |