CHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Federal Managers Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Fazio for Congress PO Box 2241 West Sacramento, CA 95691	Purpose of Disbursement US House Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/2/97	Amount of Each Disbursement This Period 1000.00
B. Full Name, Mailing Address and ZIP Code Norton for Congress 1730 Rhode Island Ave NW #712 Washington, DC 20036	Purpose of Disbursement US House Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/3/97	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Connie Morella for Congress 7101 Wisconsin Ave #1012 Bethesda, MD 20814	Purpose of Disbursement US House Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/3/97	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Cummings for Congress 421 Vaul Jersey Ave, SW Washington, DC 20003	Purpose of Disbursement US House Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/3/97	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Wynn for Congress PO Box 5323 Capitol Heights, MD 20791	Purpose of Disbursement US House Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/17/97	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) .....