

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Debbie Wasserman Schultz for Congress

Mailing Address 1725 Main Street, Suite 215

City Weston State FL Zip Code 33331

Purpose of Disbursement

Candidate Name
Debbie Schultz

Office Sought: House Senate President
State: FL District: 20

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 17988202
Date of Disbursement
03 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. McCollum for Congress

Mailing Address 2464 Burke Ave E

City North St Paul State MN Zip Code 55108

Purpose of Disbursement

Candidate Name
Betty McCollum

Office Sought: House Senate President
State: MN District: 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 17988258
Date of Disbursement
03 / 04 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Committee To Re-Elect Denise Majette

Mailing Address 3951 Snapfinger Parkway
Suite 335

City Decatur State GA Zip Code 30035

Purpose of Disbursement
Re-election to US House of Reps

Candidate Name
Rep. Denise Majette

Office Sought: House Senate President
State: GA District: 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 18087731
Date of Disbursement
03 / 04 / 2004

Amount of Each Disbursement this Period
2000.00

Re-election to US House
of Reps

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

TOTAL This Period (last page this line number only) ▶