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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. MURTHA FOR CONGRESS COMM. P. O. BOX 1091 JOHNSTOWN, PA 15907 C00019075	PA 12 CD Disbursement for: [x] Primary [ ] General [ ] Other (specify)	09/14/99	1,000.00
B. MIKE THOMPSON FOR CONGRESS P. O. BO X1998 ST. HELENA, CA 94574 C00326363	CA CD 1 Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/23/99	1,000.00
C. DOUG OSE FOR CONGRESS 455 CAPITOL MALL #801 SACRAMENTO, CA 95814 C00342741	CA CD 5 Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/23/99	1,000.00
D. 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
E. 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
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)	3,000.00
TOTAL This Period (last page this line number only)	3,000.00