

**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)

UNITED SERVICES AUTOMOBILE ASSOCIATION GROUP POLITICAL ACTION COMMITTEE (USAA GR-  
OUP PAC)

Full Name (Last, First, Middle Initial) <b>A. Friends of Mark Foley</b>		Date of Disbursement 06 / 26 / 2001
Mailing Address P.O. Box 30505 City State Zip Code Palm Beach Gardens FL 33420		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Mark A. Foley, U.S. House, (FL-18-R)		Transaction ID: SB23.21085
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
State:            District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Phil Gramm</b>		Date of Disbursement 06 / 05 / 2001
Mailing Address 900 Second Street, NE Suite 114 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement PHI Gramm, US Senate (TX-R)		Transaction ID: SB23.21029
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
State:            District:		

Full Name (Last, First, Middle Initial) <b>C. Health Ins. Assoc PAC</b>		Date of Disbursement 06 / 14 / 2001
Mailing Address Health Insurance Association of Am 1025 Connecticut Avenue, NW City State Zip Code Washington DC 20036-3998		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Health Ins Ass PAC Multi-Card Cmte		Transaction ID: SB23.21098
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:            District:		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	