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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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (in Full)
Health Net, Incorporated Federal Services Political Action Committee

A.
Full Name (Last, First, Middle Initial): Mike Thompson for Congress
Mailing Address: 5435 Madison Avenue
City: Sacramento State: CA Zip Code: 95841
Purpose of Disbursement: Monetary Contribution
Category/Type: 011
Candidate Name: Mike Thompson
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 01
Disbursement For: 2004 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 02 2002
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement:
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement:
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00

FEC Schedule B (Form 3X) (Revised 1/01)

FEC4A0042