

**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)				PAGE 47 / 49			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Friends Of Chris Dodd 2004		Transaction ID: 14401131 Date of Disbursement 04 / 11 / 2003	
Mailing Address PO Box 270701		Amount of Each Disbursement this Period  2000.00	
City West Hartford	State CT		Zip Code 06127
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Christopher Dodd			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT	District: 1		

Full Name (Last, First, Middle Initial) B. Georgians for Isakson		Transaction ID: 14401237 Date of Disbursement 04 / 14 / 2003	
Mailing Address P.O. Box 71955		Amount of Each Disbursement this Period  2500.00	
City Marietta	State GA		Zip Code 30007
Purpose of Disbursement			011 Category/ Type
Candidate Name John Hardy Isakson			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA	District: D		

Full Name (Last, First, Middle Initial) C. Grassley Committee		Transaction ID: 14416950 Date of Disbursement 04 / 16 / 2003	
Mailing Address PO Box 1000		Amount of Each Disbursement this Period  5000.00	
City Des Moines	State IA		Zip Code 50304
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Charles Grassley			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IA	District: 1		

SUBTOTAL of Disbursements This Page (optional) .....	▶	9500.00
TOTAL This Period (last page this line number only) .....	▶	